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A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

(Entered at the Post Office at St. Louis, and admitted for transmission through the mails at second-class rates.)

**VOLUME 9, NO. 1. }  
WHOLE NO. - 97. }**

ST. LOUIS, JUNE, 1882.

{ **Terms: \$2 in Advance.**  
**Single Copy, 25 cents.**

EDITED BY

WM. B. HAZARD, M. D.

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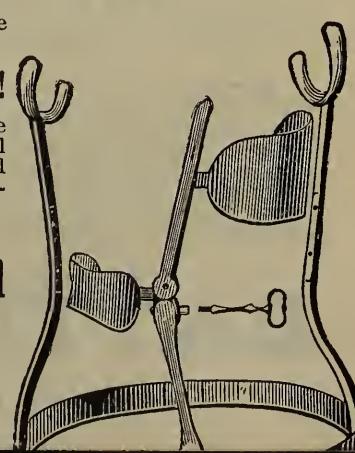
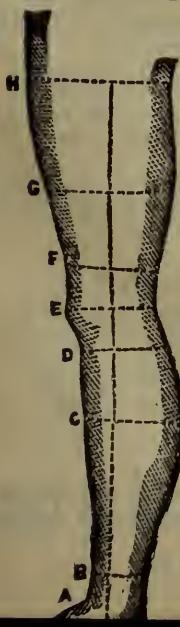
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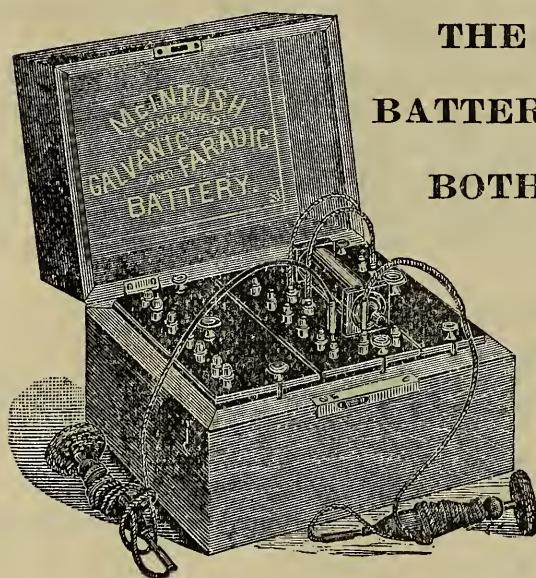
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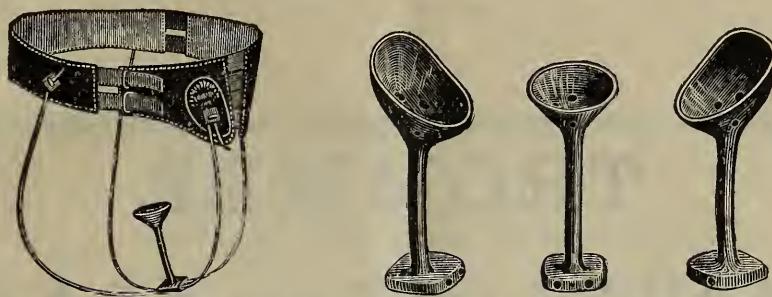
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# ST. LOUIS CLINICAL RECORD.

*A Thoroughly Independent Medical Journal.*

VOL. IX.

ST. LOUIS, JUNE, 1882.

NO. 1.

## Original Communication.

### PHYSICIANS AND DRUGGISTS.

BY WILLIAM B. HAZARD, M. D.

The medical practitioner must of necessity depend upon the ability, education and professional honor of the drug-trade for the purity of the agents he makes use of in the treatment of the sick. These qualities in the pharmaceutical chemist are as necessary to the attainment of therapeutical results as are education, tact and common sense in the practitioner himself. The rise and growth of homœopathy have had their origin, to a very large degree, in the repugnance of the more refined and sensitive of the people to crude drugs and unpleasant mixtures. This sensitiveness is the outgrowth of modern civilization; it is something real, and must be met by increased elegance and lessened repulsiveness in the preparations employed in the treatment of the sick. Hence the necessity for pharmaceutical products which are attractive to the eye and taste of the people.

Competition in prices has had the effect of ruining the quality of the ordinary materials to be found upon the druggist's shelves. Unless furnished with some special guaranty, no one, who knows anything about the ordinary adulterations and sophistications, expects to find full strength and purity in "Commercial" chloroform, ether, laudanum, compound extract of colocynth,

or any of the more expensive drugs in ordinary use. These are facts, and are indisputable.

What is true of single drugs is, to the same degree, perhaps even to a greater extent, true also of compound preparations. Take the compound extract of colocynth, to which reference has been made, for example. This contains colocynth, aloes, scammony, cardomum and soap, and alcohol enters into its preparation. Every one who has used the "commercial" article must know that gamboge is often substituted for the scammony, and that the best aloes often gives place to an inferior article. Whoever would have the best, or even good results, must specify some one preparation upon the purity of which he can depend. This is true of numberless preparations in ordinary use, both simple and compound.

The *honest* dealer has to find the means of protecting himself, and at the same time convincing the mass of the profession of the *honesty* and trustworthiness of his wares.

The only way open to him is to place the counterfeiter and the adulterator in some position to be reached by the law of the land. The only way open to him is to avail himself of the protection of the law, by placing his preparations under a "trademark." He has a just right to this form of protection, and his folly would be nothing short of idiotic if he should refuse such protection.

The ranchmen of Texas and Colorado have their brands for the identification of their stock, and no one is so superlatively

foolish as to reproach him for exercising the right of securing the enjoyment of his own by making use of that right.

When the manufacturing chemist has produced an article of great purity and excellence and has the ability to produce it in quantity, he must find a market for his product or his energies are wasted. In other words, he must advertise his preparation in the most effective manner. If he wishes to compete directly with the physician, he will advertise to the people. But the honest pharmaceutist knows that he must be *dishonest* if he takes this course; he must promise cures to the incurable; he must claim a thousand virtues where perhaps one or none at all exists. Hence this course is rendered impossible, and he is compelled to reach the medical profession directly through the medical journals. In order to have a new agent like, say, Jamaica Dogwood, or Celerina or Listerine, tested by the practicing physicians, he must induce some respectable physicians of his own acquaintance to report upon the effects they have obtained from its use in actual practice. For our own part, we can see no reason why a physician should not recommend any composition, the ingredients of which are truly expressed upon the label, and from which he has derived good results. The presence or absence of a trade-mark upon such a preparation does not change the case in the least—or, if it is changed at all, the bias should be in favor of that protected by a trade-mark.

Entertaining these opinions we are at a loss to find any reasonable excuse for the controversy which has been raised recently by a wealthy manufacturing firm—a controversy to which we devoted considerable space in our January number. But, if the original contest was without excuse, what shall we say of the personal abuse leveled against an honored member of our profession by this same house and its agents, simply because he has advocated the utility and necessity of elegant pharmacy, which

is only possible under the protection of trade-marks.

As stated in our March number, Dr. Bigelow is engaged in preparing a most extensive work on gynaecology, in which he has the co-operation of thirty-six of the most able men in that specialty. Is it possible that the slanderous personal attacks referred to are made with the intention of injuring an industrious author through the prejudice expected to be raised against him individually? The Anglo-Saxon love for "fair play" will cause a reaction in Dr. Bigelow's favor, which will result in an effect exactly contrary the one apparently intended.

If the amendment to the Code of Ethics of the American Medical Association, proposed by Dr. E. S. Dunster (but bearing the "ear-marks" of Dr. F. E. Stewart), at the Richmond meeting is to be seriously entertained at St. Paul, then we hope an amendment to the amendment will be carried, making it a violation of the Code for any medical author to copyright his books, or to use "Squibb's Chloroform" or Parke, Davis & Co.'s "Tonga" or other outlandish preparations.

By the way, does anybody know the composition of "Tonga?" Some years ago Mr. W. Murrell stated that he had experimented with a secret compound put by up the Fiji Islanders under that name. Messrs. Parke, Davis & Co. state, that on the strength of Mr. Murrell's unsupported assertion that in a few cases of neuralgia he had had good results in a fraction of the cases treated—on this one statement of one man, these chemists allege that they sent an agent at an enormous expense over seven thousand miles to procure some of the genuine drug!!! Our credulity was badly shocked when we read the statement, but it was taxed a little too far when the celebrated trade-mark suit was instituted by Allen & Hanbury for violation of the law. It looked then as if both parties to the suit were engaging in a little by-play in order each to advertise himself as the "only

original Dr. Jacob Townshend," and each as having the only "old, original Townshend's Sarsaparilla" on draught. Of course no one need feel obliged to harbor our suspicions on the "Tonga" question.

We hope the Association will ignore this quarrel of the manufacturer who has shown no particular ability to originate elegant pharmaceuticals *versus* those who have shown business tact in meeting the wants of the profession. The question seems to be simply this: Shall the deserving manufacturer lose the fruits of his labors and the profession the profit it reaps therefrom, or shall all protection, all guaranty of excellence and trustworthiness be removed? Shall the physician and his patients be left to the mercy of mercenary counterfeiters or shall they still be permitted the liberty of choosing those articles they know to be good from among the mass of materials which they have learned to suspect? The right of the manufacturer to protect his brand, which is a guaranty of the quality of his goods, from imitation, stands on the same ground as that of the author to his copyright. If one is good, the other must be.

This superserviceable zeal of one particular house of manufacturing chemists to purify the daily life and conduct of American physicians would be amusing were it not so insulting. It is possible, of course, that we are mistaken, but it has the appearance of an attempt to curry favor with the good, old fogies of the profession, and thus to hoodwink the rank and file into making a vast series of experiments upon American invalids with an *omnium gatherum* of nondescript, unheard of weeds, culled from the four corners of the globe, and yclept—"new preparations."

The *benefits* of such a course on the part of the Association would not accrue to the sick people or the physicians of the Western Hemisphere—they would be snugly gathered into the capacious pockets of one firm.

Let us see how the claim, that free coin-

petition in manufacture benefits the public, works in practice. One instance will suffice:

The price of fluid extract of Jamaica Dogwood is \$3 per pint (less discount to the trade); the patient, of course, pays much more. The dose is two drachms—equal to sixty-four doses in a pint. Quinine is \$2.20 per ounce; medium dose, one grain. Opium is \$5 per pound; ordinary dose, one grain. Now, opium and quinine are considered costly drugs, but Jamaica Dogwood is sold at a rate equivalent to that of quinine at \$14 per ounce, or opium at \$32 per pound!!!

The great economy to both city patient and country doctor to be realized by investing in an untried "new preparation" is apparent to the dullest comprehension, as well as the surpassing benevolence of the firm which is sacrificing itself in the endeavor to draw the American Medical Association into its clutches!

A great effort has been made to break down the effect of Dr. Bigelow's telling articles, some of which appeared in the *New England Medical Monthly*, by the assertion that many of the prominent manufacturing houses "paid money" for the distribution of a large number of copies containing such article. Dr. Wile, the editor of that journal, has come in for his share of the abuse. Messrs. Wyeth & Bro., W. H. Schieffelin & Co., Wm. R. Warner & Co., Reed & Cornick, and a number of others, are accused of the hideous crime of placing Dr. Bigelow's paper before the American profession. Dr. Wile's *Monthly* is a new one; it is also a lively, readable journal. He, no doubt, endeavors to push it. An edition of sixty thousand copies, even if it only contained Dr. Bigelow's article, would be sure to pay for itself in new subscribers. If any advertiser should choose to avail himself of the facilities afforded by such an edition, he certainly has the unquestionable right to do so. But one of the parties assailed, Messrs. Warner

& Co., assert, and we believe them, that it is absolutely false so far as they are concerned, as they have not in any way or in any manner or for any purpose, contributed money to Dr. Wile or his journal. This Philadelphia firm of manufacturers of elegant pharmaceutical preparations, ought certainly to have had their advertisement in that extra edition. We are sure it would have been to their interest.

When the Association meets at St. Paul, we presume "Tonga," and "Checken" and "Manaca" and "Jamaica Dogwood" will be there in profusion, cigars, *et cetera*, will be there to make their attraction still more powerful. The elegant pharmaceutical preparations will also be presented for the admiration of physicians who will be able to say, from personal observation, which have rendered most aid to science and to humanity. The latter, with composition plainly expressed upon their labels, or the former, of unknown composition and questionable efficiency. Which will be placed under the ban of the assembled profession—the good, which is known, or the untried gatherings of the cannibals, Caribees and Hottentots?

Our own position is easily understood. Hold fast to the good which we have known and tried, test cautiously and carefully all aspirants for therapeutic honors, and accept those only which prove of real worth.

5 SOUTH HIGH STREET, ST. LOUIS.

## Original Lecture.

### ARTICULAR LESIONS.

#### *A Clinical Lecture.*

BY LOUIS BAUER, M. D., M. R. C. S., ENG.

#### III.

**GENTLEMEN.**—The statistics of joint diseases are far from being trustworthy, notwithstanding some information may be derived from them.

At the threshold of this inquiry, we meet with a rather singular fact, to-wit: That infancy is almost absolutely immune from articular affections, both uni- and multi-locular. This fact must be very inconvenient to those authors, who trace to constitutional "degradation," all, but especially, the diseases of the larger joints. During this period, the infant is made up of maternal material and maintained chiefly by the mother's milk. It seems that at this time, hereditary taint and the so-called strumous diathesis (*if any such*), should manifest itself pre-eminently in local disturbances. Yet, the opposite is actually the case. We find the key to this apparent enigma, in the greater care and maternal protection of infants against injury.

In the advancing years of childhood, this class of maladies becomes notably frequent, exceeding the numerical proportion of adult life, particularly in the larger joints.

Professors Billroth, Hüter, Agnew and others affirm this fact. In his admirable work on "Surgery," Agnew states that "of 837 cases of coxalgia, collected from varied sources, 809 were in children under fifteen years of age." These statistics would be of more practical value if they were subdivided into smaller periods. In our practice, the largest number of cases occurred between the fifth and sixth years, gradually ascending from the third year and decreasing after the sixth year. This fact is in strict accordance with the physical and mental growth of the child. With locomotion, the little ones try to escape restraint and indulge in all sorts of ventures without appreciating risks and dangers entailed thereby. Falls, knocks, contusions and bruises, cuts and lacerations are the common sequelæ of their enterprises. No doubt, many of those injuries are of a trifling nature, passing off without any evil consequences; but others, more particularly those directly inflicted upon the surroundings of joints will leave their mark, and develop into serious troubles, if the

use of the injured articulation is not prohibited. The greater impetuosity of boys causes them to come in for a larger share of the joint diseases. Of 100 cases admitted to the Children's Hospital in Philadelphia, sixty-one were boys and thirty-nine were girls. For the same reason, sanguine and impetuous children are much more subject to joint diseases than inert and phlegmatic ones. And on the same account children in cities are more exposed to such accidents and their consequences, owing to the denser population, the strife between children in narrow places, on paved sidewalks and streets and high stair cases.

Agnew virtually rejects the theory of traumatic origin, because "not one lad in a thousand escapes a fall or a sprain." "If such are to be accepted as the proximate cause, coxalgia ought to be the most common of all affections." "Eight hundred and thirty-seven cases" demonstrate in our opinion, pretty clearly, that these lesions are of rather common occurrence.

It is true, that not one lad in a thousand escapes a fall or a sprain, but it is equally true, that not "every fall or sprain" is apt to cause permanent injuries. In order to produce such effects the force should be of sufficient violence, and have a direct bearing upon the joint or its surroundings. The same principle holds good in fractures. Only such violence is calculated to destroy the form and continuity of a bone, which bears directly or indirectly upon it.

The peculiar anatomical structure of joints in childhood furnishes a much better predisposition to injuries than the assumed strumous diathesis.

In fine, the lower extremities are more exposed to joint diseases; the proportion of 239 to 52 in the upper, as evinced in Billroth's table, speaks volumes in behalf of traumatism.

In upholding constitutional causation, Agnew asks: "If coxalgia arises solely from traumatic violence, why does it not yield to treatment, like inflammation result-

ing from common causes?" The answer is very plain. Because the inflamed articulation is not allowed the same physiological rest; because reflex spasms and contractures of muscles constantly disturb the quietude of the joint and drag it into mal-position; because, the pus is allowed to trickle through narrow, tortuous fistulous tracks; because, necrotic osseous particles are allowed to remain, to irritate and to macerate; because the proper treatment is delayed, and the already existing symptoms underrated. And yet, joint diseases may be promptly relieved and obliterated in a far shorter time than could have been anticipated by those who construe all affections of this class as the spontaneous action of constitutional "degradation."

Further, he asks: "Why the pus is so different from that characterizing ordinary abscess?" The same question has been asked by others, especially by Prof. Gross. We might query in return: What peculiarity have you noticed in articular pus that makes you suspect its strumous character? Perhaps they refer to its semi-solid and cased consistency, suspended in serum. The histological structure of the synovial membrane furnishes a relevant answer. The same lymphatic openings which absorb from the healthy articulation the superfluous discharge of synovia, performs the same duty in a suppurating joint, if *only a part* of the synovial membrane is left intact. We owe this special knowledge to Recklinghausen, who has discovered the same lymphatic apparatus in serous membranes. Moreover, if caries supervenes, the discharge is mixed with osseous detritus, rendering it offensive and changing its color. Besides, luxurious granulations, termed "fungoid" by Volkmann, spring up in the neighborhood of disintegrating bone, which never secrete a creamy, but a very serous pus. We have observed a great diversity of pus formed within diseased joints, from the most benign, creamy, pure and odorless to the most fetid, discolored and limpid.

discharges, and of varied consistency. This very question has been discussed at the clinic of Prof. Gross, of Philadelphia. The pus which he exhibited was just taken from suppurating glands. Its external appearance and consistency were of the most ordinary character; yet the venerable Nestor of American surgery strenuously contended that it was the veritable strumous product. A subsequent conference terminated unsatisfactorily; it is evident that Prof. Gross still holds the same views, eighteen years later.

That the *quality* of the pus depends entirely upon the *pathological condition* of the joint is clearly evinced by the fact, that the pus changes immediately after the morbid structures have been exsected or spooned out (Volkmann). Virchow has never been able to substantiate the so-called strumous "stuff;" the caseated substances found in, and eliminated from cavities, were microscopically disclosed as the metamorphoses of inflammatory material. Prof. Agnew believes "that the disease (coxalgia) originates in a state of the general system, which may be designated as strumous or tubercular." But it does not appear what the character, the pathological anatomy and the exciting causes of that state in "the general system" is, which he designates as strumous or tubercular disease. Nor do we understand what Prof. S. D. Gross could have found by his "dissections," when he stated in the International Congress, at Philadelphia, "that the affection cannot occur in a child, or in any person whose constitution is not in a state of degradation." It seems that he exchanged the effects for the cause of the disease.

Both gentlemen seem to have forgotten entirely that the successful treatment dates from the time when the constitutional theory was more or less disregarded and the local management improved. We do not fortify ourselves by reference to our personal observation or experience as these

gentlemen do, but answer them simply by the generally acknowledged fact, "that the local treatment *has and does master articular diseases*, whilst the constitutional one was and is a total failure." The logical conclusions drawn from these premises are too obvious to need expounding. But even these gentlemen differ widely in their *personal* observations. Whilst Agnew avers that accidents in childhood are so numerous, that coxalgia would be one of the most common diseases, if they owe their existence to traumatic violence; on the other hand, Gross states, that in as far as his experience is concerned, his inquiry as to traumatism had met with a negative answer in the majority of cases. This controversy could be extended to a length incompatible with the purposes of our lecture. Those of you who take especial interest in this subject, we refer particularly to the transactions of the two late medical congresses, respectively, Philadelphia, 1876, and London, 1881.

Before proceeding to another question we may be permitted to refer to the case of Irwin Roth, which, in our opinion exemplifies the irrelevancy of the strumous theory, in the most conclusive manner. Being originally a lively but rather a delicate child, he met with an accident to his left hip, which culminated eventually in a suppurative coxitis. He had been under treatment for several months when he was brought to our clinic; being then six years of age, continuous suffering from fixed and reflected pains, complicated by intermittent fever, had reduced him to a mere shadow. The disease had attained the third stage, and a large abscess had formed before the tensor vaginæ femoris on the outside of the thigh. With the assistance of myotomy, the limb was placed in its proper relation to the pelvis, and absolute rest of the joint, procured by a plaster-of-Paris bandage. The proper measures were adopted against the malarial fever. The patient almost immediately realized the

benefit of this treatment, shown by return of ease and appetite. Improvement gained steadily for several months, permitting him to return to his country home, protected by the appliances of Hugh Owen Thomas, of Liverpool, England. He returned, from time to time, in a progressed state of recovery. Unfortunately, measles prevailed in his vicinity, and eventually attacked him; the disease was of an average character, and terminated without any other aggravation except in the affected joint. The original disease took a new impulse; repair not only ceased, but the new formed tissues broke down entirely; and a new impetus was given to the abscess. The latter had almost disappeared at the time the measles set in. Its walls became inflamed, and its cavity distended and refilled, demanded prompt evacuation. The escaping pus was a mixture of consistent, caseated pus and of a fluid, decomposing, purulent discharge of a more recent formation. The prognosis became most unfavorable. Exsection of the morbid structures offered the only chance for life, and the operation was consequently performed.

From this very moment, the patient mended. The character of the pus rapidly improved, and eventually assumed the most unobjectionable composition. And now this little fellow enjoys perfect health.

Now, gentlemen, you will remember that this case allowed only a conditional prognosis. Not only was the child of a very debilitated and delicate constitution when the disease commenced, but he was greatly affected by its ravages. Moreover, he descended, on the mother's side from a suspicious stock. Two of his aunts had died of pulmonary phthisis, and the third is in a precarious condition. The mother, however, is in excellent health, and is threatened by no pulmonary difficulties. In spite of these antecedents, the boy has safely passed through a most violent ordeal, and has attained a status of health of no

ordinary character. The strumous cachexia in this case, must have been of an extremely lenient nature to allow the escape of the patient from its grip.

The defective statistics place it beyond cavil, that the lower extremities are more frequently the seat of articular affections than the upper ones. In the tables of Profs. Hüter and Billroth, derived from clinical material in their respective clinics at Greifswald and Zürich, the following items are conclusive:

#### HUTER'S 271 ARTICULAR CASES.

	Shoulder.	Elbow.	Wrist.	Fingers.	Hip.	Knee.	Ankle.	Foot.
No.	13	23	19	5	86	173	50	2
Per Cent.	3½	6½	5½	1½	23½	46½	13½	½

#### BILLROTH'S 239 CASES.

	Shoulder.	Elbow.	Wrist.	Hip.	Knee.	Ankle.	Foot.
No.	9	30	20	64	77	39	
Per Cent.	3½	12½	8½	27	32½	16½	

#### POLY-CLINIC OF HUTER, 127 CASES.

	Shoulder.	Elbow.	Wrist.	Fingers.	Hip.	Knee.	Ankle.	Foot.
No.	8	9	18	6	16	47	18	3

#### POLY-CLINIC, BILLROTH (VIENNA).

	Shoulder.	Elbow.	Wrist.	Fingers.	Hip.	Knee.	Ankle.	Foot.
No.	11	24	7	20	29	43	13	14
Total,	-	-	-	-	-	-	-	161

[To be continued.]

## Clinical Reports.

### A CASE ILLUSTRATING SOME OF THE DIFFICULTIES ARISING IN AN ATTEMPT AT AN EARLY DIAGNOSIS.

BY JNO. TROUTMAN, M. D.,

Of the Hospital for the Ruptured and Crippled,  
New York.

The patient, Louise K—, appeared at the out-door department of the Hospital for the Ruptured and Crippled, New York, October 14, 1881, when the following brief record of her case was made, together with what may be properly termed a "Snap Diagnosis." Patient, aged six years, was

seized with a chill on the evening of September 1, 1881; was lame on the following morning, and now walks very unsteadily; cannot flex right foot at all and has pain about right heel. Diagnosis: Polio-myelitis Anterior.

On application for admission to the hospital, Oct. 18, 1881, the following further observations were made: Family history good; three other children in the family; all living and well; health of patient during infancy was poor; had pertussis at three years of age; scarlatina at five; is now hearty and well nourished; is of fair complexion, with light hair and blue eyes; she stands with right foot advanced and slightly everted; walks with a very marked hip limp; there is very slight flattening of right buttock with partial obliteration of fold.

As she lies on the table the lower limbs are parallel with very little tilting of the pelvis. There is no infiltration in the gluteal region or groin. Adductor group of muscles on right side are quite taut. Thigh can be flexed to an acute angle without moving pelvis or causing pain. Extension beyond 170 degrees tilts the pelvis. The thigh can be completely abducted, but adduction is not so complete. There is scarcely any limit to normal rotation. There is no evidence of joint tenderness; no tenderness over or around trochanter; none in the groin. Right thigh, upper third measures  $13\frac{1}{2}$  inches; left, 14 inches; right knee, 10 inches; left, 10 inches; right calf,  $8\frac{1}{4}$  inches; left,  $8\frac{1}{2}$  inches. The limbs are of equal length.

*Diagnosis:* Hip disease (Ostitis), first stage.

Now, while the above data are not all that might be wished for in making out a case of hip disease, yet in the great majority of cases, without further symptoms than those recorded, one may feel pretty sure of the correctness of his diagnosis.

November 11, 1881:—Another examination was made when the following symptoms

presented, which began to throw doubt on the diagnosis: Patient stands with the right foot rotated outward slightly; walks with a very marked limp, striking the heel upon the floor as if the tenderness was located about the ankle joint.

Movements of thigh are the same as above recorded. Right thigh measures  $12\frac{1}{2}$  inches; left,  $12\frac{1}{2}$  inches; right knee,  $9\frac{1}{2}$  inches; left,  $9\frac{1}{2}$  inches; right calf,  $7\frac{3}{4}$  inches; left,  $8\frac{1}{4}$  inches. Movements at ankle seem to be perfect. No special tenderness. Ankles are of equal size. Natal folds are symmetrical. Incipient ostitis about ankle now suggests itself.

November 24.—She walks with a decided limp, of such a nature as to point to caries of ankle or os calcis.

November 29.—The difference of temperature in the heels is now quite appreciable to the touch, that of the right side being the higher. There is also tenderness about the ankle with some enlargement.

December 18.—On account of her increasing lameness she is put into a rolling chair. Right calf now measures 8 inches; left,  $8\frac{1}{4}$  inches. Tibio-tarsal joint is perfectly free.

January 3, 1882.—The temperature of the heel has become normal and she walks very much better.

February 14.—All inflammatory symptoms have subsided, and the right calf measures  $8\frac{1}{4}$  inches; left, 9 inches.

March 2.—Discharged this date well, excepting a slight atrophy of right calf which still exists.

The case shows: First, That if we make a "snap diagnosis" we are quite liable to regret having done so. Second, How readily we are influenced by the first symptoms that attract our attention; that if they are prominent they immediately suggest a diagnosis, after which, it is only with great care that we will continue an examination unbiased, instead of so conducting it as to elicit symptoms that will conform to our preconceived opinion. Third, It shows how difficult

it is to make an early diagnosis of lesions involving the deeper structures. Here was an inflammation confined to the os calcis, with symptoms so obscure that the lesion was suggested to be in a part quite remote from the true site, and it was only after the local symptoms became prominent that a correct diagnosis was made.

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CASES TREATED WITH ONOSMODIUM VIRGINIANA.

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BY D. H. DUNGAN, M. D.

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CASE I.—W. W., had a tedious case of gonorrhœa, but was improving until the eighth week when great irritability of the bladder came on with inability to retain the urine longer than fifteen minutes. Litmus was strongly reddened by the urine; bowels in fair condition. I gave one scruple each of Epsom salts and acetate potash every six hours and quarter drachm of tincture onosmodium every three hours. In thirty-six hours the urine was normal to the litmus test and was retained as long as two hours when asleep. I withdrew the potash and continued the other medicines as before; Twenty-four hours later there was great improvement. I continued the onosmodium in half-drachm doses four times a day and there was no more trouble with the bladder, and the gleety discharge gradually subsided in the course of four weeks.

CASE II.—J. B. came to me at 11 o'clock p. m., complaining of great irritability of the bladder which had gradually been coming on since noon. He had had gonorrhœa, but thought himself about well; could not refrain from efforts to urinate longer than ten minutes; great burning sensation from the bladder to the end of the urethra. He had no fever and felt well except as to the bladder. I made no test as to acidity. I gave him ten drops of tincture onosmodium every ten or fifteen minutes.

He reported next morning. Went to sleep after the fourth dose and slept over

an hour when he took another dose and slept till day. Had taken two or three doses since then, but had to micturate too often and felt some burning. I directed him to take fifteen drops of the tincture every three hours. I saw him a week later when he told me that he took his medicine for one day and had not needed it since, but would save what was left for the next heat.

These two cases are given as specimens of what was regarded as gonorrhœal cystitis in its worst, and eight or ten more could be added of the same character, all of which were relieved in the same way, although I cannot say as readily in every case and I must report one:

CASE III which was similar in every way, as to the symptoms, to case I, in which from some cause, not understood, very little, if any benefit was derived from the remedy, when it was discarded and fluid extract of hydrangia in quarter-drachm doses every three hours gave relief.

CASE IV.—Molly W., married, aet. 34, childless. In December, 1879, during the night went from her house to the back part of the yard in her stocking feet while the ground was frozen.

The next day she experienced pain in the vesical region with dragging sensation in the loins and frequent micturition, with great vesical tenesmus.

She took, at the suggestion of a friend, a tablespoonful of spirits of turpentine. Her trouble was aggravated, and that night she demanded the service of a physician who treated her for several weeks without giving any permanent relief, when she summoned another physician, who likewise treated her for some time without permanent good results, when she concluded to dispense with doctors and try some nostrums and lay suggestions.

These experiments were tried until March 5th, when I received an urgent summons to visit her.

I found her in bed in a half sitting position, frantic with vesical tenesmus and,

without the power of vocal expression, she implored by looks and gestures for relief. I was told that the last two or three weeks had been passed in one incessant effort to micturate, and that the longest sleep she had did not exceed three minutes. I spent an hour and a-half in bringing her, by persuasive measures to allow me to make the necessary examinations.

I found the uterus in position and of normal size. The bladder seemed thickened and along the track of the urethra was so sensitive as scarcely to admit of the lightest touch. The urine reddened litmus.

I had no way of ascertaining the quantity of urine as it was all passed on cloths.

I attempted to introduce a soft French catheter, but failed on account of the excessive sensitiveness and consequent cries of the patient.

I gave her bicarb. potash, quarter-drachm, well diluted, every six hours, and tincture of onosmodium quarter ounce, every three hours.

The next day I succeeded, under chloroform anaesthesia, in washing out the bladder with a five-grain solution of boracic acid, and the next day I accomplished the same without anaesthesia.

I now instructed an attendant in the performance of this task and directed that it be done once daily. At my visit, two days later, I found that it had not been done on account of the objections of the patient, prompted by her timidity and fear of being hurt, but the bladder had become so tolerant as to allow her to rest for an hour without having to micturate. As much as an ounce of urine being passed at one time. I found it very slightly acid to the litmus test. I withdrew the potash and continued the onosmodium in the same quantity and the bladder was allowed to go without the boracic wash. A week later she was able to pass the night by urinating three times, the whole quantity for the night being about five gills.

March 23d, she expressed herself as

feeling comparatively comfortable and had resumed her usual duties. She was directed to continue the onosmodium.

April 22d, she sent for me, and I found her suffering with great irritability of the bladder with constipation, and her menses were on. She had taken "what little she had left" of the medicine (having discontinued its use for a week), but it had given little or no relief. I gave her one-scruple doses of Epsom salts every two hours, and ordered onosmodium to be given as before. The salt produced a laxative effect by the next day, and there being evident improvement, the onosmodium was continued.

April 30th, she was so far improved as to consider herself "about well," and was left with instructions to continue the onosmodium in doses of three grains four times a day.

June 16th, I was again called, when I found very much the same condition as on April 22. She had had no onosmodium to take, having been out for a week. The same measures were repeated, and gave relief as promptly.

December 18th, she had another slight relapse, and on the 25th one more severe, but a laxative and the onosmodium again relieved her, and I heard of no trouble after this.

Meeting with this patient a few months ago, I inquired as to the condition of her old bladder trouble. She informed me that she had had very little trouble since I last saw her, but on several occasions she had experienced some annoyance, and always resorted to "her medicine," and promptly experienced relief. She says, however, that she has never been able to pass the night without passing the urine two or three times, and although the quantity is not too large, her micturations will average one to two hours through the day.

Considering the gravity of the symptoms in this case—one of well established catarrhal cystitis—and the amount of relief experienced, which was evidently almost

wholly due to the onosmodium, I think we are fully justified in assigning to it a high position in the list of remedies for the relief of irritable troubles of the urinary mucuous surfaces.

LITTLE ROCK, March, 20, 1882.

## Necrological.

### PROFESSOR HODGEN.

When these lines reach the readers of the RECORD, the sad intelligence of the sudden demise of Prof. John T. Hodgen will have preceded them. They will have realized the loss St. Louis and the profession of Missouri has sustained, and their sympathy with the bereaved family will have been elicited and appropriately manifested.

For many years the deceased had been a citizen of St. Louis, and identified with the gradual growth and development of her public interests. As one of her leading surgeons he had become one of her popular institutions. His name had been carried far beyond the borders of the State, and linked to surgical advancement and practical work.

As an eminently impressive and successful teacher of anatomy and of clinical surgery, he had endeared himself to the large number of the pupils of the St. Louis Medical College, who looked up to him with esteem and confidence in his matured judgment. And to them and to the large circle of his patients, his loss seems to be irreparable.

Dr. Hodgen was not a man of the pen. No volume survives him and conveys his name to coming generations; but, like Wilms, of Berlin, his works are inscribed upon the memorial tablets of his grateful patients and pupils.

Although habitually cautious, and therefore reticent, he must have been possessed of personal magnetism in an extraordinary degree to attract the people to his person;

for the death of a very few, in a strictly private pursuit, has elicited an equally general grief and like demonstration of public regret and sympathy.

It is but natural that those who enjoyed the privileges of his personal intercourse and guidance should extol the merits of the dead in the liberal spirit of their gratitude, and that others, who stood far from him, should bury with the dead the short-comings of the living, according to the noble impulses of the human heart, "*de mortuis nil nisi bonum.*"

LOUIS BAUER.

### PROFESSOR JAMES R. WOOD.

Prof. James Rushman Wood, M. D., LL. D., of New York, died May 5th, at his residence, New York city, of pneumonia, aged 65 years. Dr. Wood's early opportunities for intellectual training were limited, owing to the very moderate circumstances of his parents, but with the irrepressible energy and ambition of true genius, he availed himself to the utmost of his meagre facilities, and finally graduated from the Castleton (Vt.) Medical College, in 1846. He was at once appointed Demonstrator of Anatomy in his Alma Mater. He removed to New York city in 1847, and became connected with the Bellevue Hospital, and undertook to reform its sanitary condition, in which he was ably seconded by Drs. Wilson and Drake, and Mr. Moses Franklin, then President of the Board of Aldermen. Within three years after the inauguration of this reform the statistics of the hospital showed a reduction in mortality equivalent to the saving of six hundred lives annually.

In October, 1856, Dr. Wood established the Saturday surgical clinics, which soon became very popular with both students and practitioners alike. From this small beginning was ultimately developed the Medical College, which was established in 1861, through his efforts, in connection

with those of other leading physicians and surgeons. To this college his museum is given. He has been connected with the college from its inception, an active Professor of Operative Surgery until 1868, when he resigned, and since that in other relations. His Saturday clinics, which have contributed in no small degree to give prestige to the college, had been continued up to the time of his fatal illness. One of Dr. Wood's most important contributions to operative surgery resulted from his vast clinical experience at Bellevue Hospital. This was the first successful demonstration of the fact of the reproduction of extirpated bone, by a new growth from the periosteum.

To Dr. Wood was due the credit of legalizing dissection—or, rather, the enactment by which the medical schools were supplied with dissecting material from the charitable institutions, instead of having to rely upon “body-snatching.”

His operations for calculi were numbered by hundreds. Indeed, no living surgeon has a record of so many capital operations with so little loss of life. His triumphs in surgery, joined to a genial disposition and winning address, resulted in a large practice and accumulation of a considerable fortune.

As a medical writer, Dr. Wood has not been prolific; his work consisting in the main, of papers on surgical subjects, read before various societies, such as his essays on the “Growth of Bone;” on the “Removal of the Entire Lower Jaw;” on “Ligation of the External Iliac Artery;” “Spontaneous Dislocation of the Head of the Femur,” and the “Early History of Ligation of the Primitive Carotid Artery,” all of which have been published, and are authorities in their special fields. He was a member of a large number of learned and charitable societies.

As a clinical instructor, Dr. Wood was highly esteemed, and in this capacity he may be said to have been the framer of the new method—that which prefers the study

of the patient to that of the text-book, and experience with disease to description in the lecture-room—a method whose traditions have become the feature of the college he founded. As a lecturer he was terse and vigorous; as a clinical professor, clear and exact.—[Philadelphia *Medical and Surgical Reporter*.]

[We would add a word to the foregoing, to express our appreciation of the labors of Prof. Wood. As a clinical teacher and as an operator we have never seen his superior. If successful results are the measure of the surgeon, he was truly one of the greatest the present century has produced.

—EDITOR CLINICAL RECORD.]

#### CHARLES DARWIN.

On April 9th, died, 73 years old, Charles Darwin, the indefatigable investigator in the realm of living nature, the brave and persevering champion for truth in science; the tenacious enemy of fossil dogmatism in the comprehension of life.

His life and labors belonged to the investigations on life and its relations, the origin, progress and perfection of the species, the relations of living beings, from the smallest to the most perfect, man, to one another, and to the great whole, the universe which shelters us.

Darwin has satisfied the best of his time, he has lived for all ages. His life was meritorious; the result of his labors disappear not with the destruction of his corporeal molecules.

His name and his works remain IMMORTAL.—[Deutsche *Medizinal-Zeitung*, April 17, 1882.]

A. K.

PROFESSOR Joseph Pancoast, of Philadelphia, and Professor Erskine Mason, of New York, have died this spring, and their lives and labors will receive due notice in our next issue.

## Correspondence.

### TRADE-MARKS versus QUACKERY.

To the Editor of the ST. LOUIS CLINICAL RECORD:

SIR:—A medical journal yclept the *Independent Practitioner*, with a brilliant array of collaborators, and with an unsurpassed corps of dental editors, has sent the April number of its issue to me, presumably as a sample. The aim of this journal is ambitious; it seeks to cover the whole field of *Dentistry*, Practice, *Obstetrics*, *Surgery*, *Gynecology*, *Pathology*, *Popular Science* and “*Scientific Pharmacology*.” The editorial of the sample number is chiefly concerned with a distortion of my article in the *New England Medical Monthly*, and with a subtle perversion of intent which would convey the idea that I had insinuated that the medical gentlemen who voted to refer the “objectionable” resolution to the judiciary committee did so under the influence of Parke, Davis & Co.’s liquor. This statement of the “*Dental Surgeon*,” or of whomsoever may be responsible for the editorial, lacks the faintest semblance of truth. What I wrote, and what was printed, was as follows: “To gain adherents to this cause, this firm engaged the best rooms at the leading hotel in Richmond, and dispensed free cigars, free rum, and free everything, including castor oil, capsules and mineral waters in the morning. Every innocent M. D. who therein regaled his love of investigation was reminded of his obligation with a request to aid the adoption of the resolution. It was presupposed that a medical man’s *amour propre* was situate in his stomach, and the insult was as gratuitous as brazen, that the influence of the medical profession— \* \* \* ”

Any reader of ordinary intelligence, even the editor of the *Independent Practitioner*, will see that the intent was to resent the insult proffered medical men by Parke, Davis & Co., and that my very words are

loyal to the honor of the Association. However, this is a matter of secondary consideration. An ex-President of the Medical Association and Medical Society of this District, thanked me, on the highway, yesterday, for my articles. He agreed entirely with everything that I had said, and was much amused at the distortion of facts in the editorial cited. Has it come to this, that a medical man may not argue a legitimate question without running the gauntlet of personal abuse and misrepresentation? Do you believe, Mr. Editor, that even should this resolution become an ordinance, that it can interdict physicians in their use of Hoff’s malt, vaseline, listerine, lacto-peptine; or do you believe, that if the physician has experienced good results from certain elegant preparations of standard remedies, which are trade-marked, that he will discontinue their use because Parke, Davis & Co. have succeeded in carrying their point? One of the most prominent collaborators (because of his official position), of the *Independent Practitioner* is an enthusiastic endorser of “listerine.” The endeavor to confound “patent medicines” with “trade-mark preparations” is a shrewd business dodge that is well calculated to deceive at first sight. I am thoroughly opposed to patent medicine quackery, the “new remedy” humbug, and to a “scientific pharmacology,” based on these premises—they are all children of a common parent that thrive upon the credulity of weak humanity—but I have had good results from many trade-mark preparations, and it would be impossible to find a single member of the American Medical Association who has not, at some time, made use of them. The swinging sign of the Chatham street vendor of worn-out clothing, which Parke, Davis & Co. have so aesthetically transferred to the advertising pages of many medical journals, is not in point. Personal allusions, and the penny-a-line diatribe, cannot influence the real question in argument. They

that know me know that I am not a "mouth piece of any patent medicine ring," and if they all be quacks who have used trademark preparations, I am content to join the goodly number, which will count in the host nearly every member of the Association. I had rather quack it on legitimate trademarks than die under the administration of "new preparations."

HORATIO R. BIGELOW, M. D.,  
1228 N. ST., WASHINGTON, D. C.  
May 24, 1882.

## Translations.

[Translated for the CLINICAL RECORD.]

ETIOLOGY OF TUBERCULOSIS.—(From a lecture delivered in the Physiological Society of Berlin, on March 24, 1882, by Dr. Robert Koch, Reigerungsrath in Kaiserl. Gesundheitsamt. *Beliner Klin. Wochenschrift*, No. 15, 1882).

The contagiousness of tuberculosis, discovered by Villemin, is placed above all doubt by the inoculations by Cohnheim and Salomonsen; later by Baumgarten and by the inhalation experiments of Tappeiner, and it must in future be placed among the infectious diseases.

Investigators were not able to grasp the nature of the tubercular virus, but by a change in the methods employed, Koch has arrived at positive results. The aim of the investigations was to prove the existence of some parasitic formations, foreign to the body, which might be indicated as the cause of the disease. This proof was, in fact, reached by a definite coloring process, by the help of which, characteristic, and heretofore unknown bacteria were found in all tuberculous organs. The bacteria made visible by this new process (details of which may be seen in the original) have a rod-like form, and hence belong to the group of *Bacilli*. They are very thin, and a quarter to one-half as long as the diameter of a red-blood corpuscle. Now and then they may reach a greater length, even the full

diameter of a blood corpuscle. They resemble the bacilli of leprosy. At all points where the tubercular process is in its incipiency and in rapid progress, the bacilli are found in great numbers. They then generally form closely compacted, and bundle-like arranged small groups, which frequently lie in the interior of the cells, and which now and then give the same pictures as the bacilli of leprosy, which are heaped up in cells. Besides that, numerous free bacilli are found. Especially on the borders of the larger caseous foci, crowds of bacilli, not inclosed in cells, are seen.

As soon as the climax of the tubercular eruption is passed, the bacilli become fewer in number and may entirely disappear, but they are seldom entirely absent, and then only in places where the tubercular process has arrived at a stand-still. If giant-cells occur in tuberculous structures, then the bacilli will be found chiefly in their interior, often only in small groups of these cells, even only in individual cells—the younger of these. Those giant-cells free from bacilli are to be viewed as the older ones, which, probably, also at a former period inclosed bacilli, which, however, have perished or have passed into an inactive state. The relation of the giant-cells to the bacilli is probably the same as their formation around foreign bodies, such as vegetable fibres and the eggs of the strongylus, observed by Weiss, Friedländer and Laulamié.

Also, uncolored, in an unprepared state, these bacilli can be observed and appear as very fine rods, void of molecular motion. Under certain circumstances, in the bacilli, even in the animal body, spores are formed, and the individual bacilli contain several—generally two to four—spores of oval form, which are distributed at equal intervals along the length of the organism.

Koch found the bacilli in man in (11) cases of miliary tuberculosis; always in the miliary tubercule of the lungs; but also in those of the spleen, the kidney, the pia-mater, and in cheesey bronchial glands.

In (12) cases of caseous bronchitis and pneumonia (6 with cavernous formations, in most of the caverns the bacilli were very numerous); in one solitary cerebral tubercle larger than a hazel-nut; in the tubercular nodules grouped around the ulcers in intestinal tuberculosis (2 cases), in freshly extirpated scrofulous glands (2 out of 3 cases), in fungoid arthritis (2 out of 4 cases), in animals in (10) cases of "pearl disease" with calcified nodules in the lung; repeatedly, also, in the peritoneum; and once in the pericardium; also in the bronchial and mesenteric glands; in 3 cases in which the lungs did not contain the well-known calcified, uneven nodules of common "pearl disease," but contained smooth-walled, roundish nodules, filled with pulvaceous, caseous material (generally, this form is not reckoned as tubercle, but is classed as bronchiectasis); in a caseated lymphatic gland of the throat in a pig; in the organs of a chicken, dead from tuberculosis; in the tubercular nodules of (3) apes, which died spontaneously from tuberculosis; and in (9) Guinea pigs dying under the same circumstances; and in (7) rabbits. Besides these cases of spontaneous tuberculosis, Koch examined Guinea pigs (172), rabbits (32), and cats (5), inoculated with tubercular substances, and did not fail to find bacilli in the tubercular nodules in a single case.

In order to prove that tuberculosis is a parasitic disease, caused by the inroads of the bacilli, and, unmistakably conditioned by their growth and multiplication, the bacilli had to be isolated from the body and reared by clean culture long enough to be cleared from all diseased products of the animal body which might still cling to them, and, finally, produce the same morbid phenomena of tuberculosis by inoculating these isolated bacilli upon animals, which we know from experience can be produced by inoculation with ordinary tubercular matter (for particulars as to mode of culture, see Abstract department

of this journal). Inoculation of animals with tubercular masses containing bacilli, performed with every precaution, always gave similar results: formation of a nodule at the point of injection; breaking down of this into an ulcer; swelling of the lymphatic glands; rapid emaciation; death in from four to six weeks. In the organs of all these animals, and especially in the spleen and liver, the characteristic tubercular changes were found. From such tubercularized animals (Guinea pigs), cultures of the tubercular bacilla were made, which did not differ in the least from one another, although the original materials of infection were of diverse origin. Clean cultures were also made from the organs of men and animals the subjects of spontaneous tuberculosis, and completely resembled each other as well as those which were obtained by the way of circuitous inoculation. "Hence there can be no doubts as to the identity of the bacilli occurring in the various tubercular processes."

Then experiments were made to answer the question whether the isolated bacilli when again introduced into the animal body were capable of regenerating the morbid processes of tuberculosis, and these experiments were made by inoculation of the bacilli culture-materials into the abdomen of animals—they produced the characteristic tuberculosis of inoculation. By introducing the culture materials into the anterior chamber of the eye, they produced the effects which Cohnheim, Salomonsen and Baumgarten had obtained. By injection of the culture-matters into the peritoneal cavity, or directly into the blood-current—the animals were made tubercular (even such as are not easily made tubercular, such as rats, dogs and cats). Tubercular nodules thus produced, presented, under the microscope, appearances identical with those observed in spontaneous or artificially produced tuberculosis. They had the same arrangement of cellular elements and frequently contained giant cells, which inclosed bacilli,

precisely like the giant cells of spontaneous tuberculosis.

Again, the bacilli were isolated in clean culture, and the experiments of inoculation with them gave the same results.

Thus it is proven "that the bacilli occurring in tubercular substances are not only the accompaniments, but are the cause thereof, and that in the bacilli we have before us the real tubercular virus." The presence of the bacilli may be taken as the criterion of tuberculosis, and, according to Koch's investigations, miliary tuberculosis, caseous pneumonia, caseous bronchitis, intestinal and glandular tuberculosis, "pearl disease" of cattle, spontaneous and inoculation tuberculosis in animals must be declared identical. As to scrofula and fungous arthritis, Koch reserves his opinion, but certainly the major part of these cases belong to true tuberculosis.

Further investigations prove that the tubercular bacilli grow only at a temperature between 30° and 40° C. (=89° and 106° F.) and since in temperate climates outside of the animal body, there is no chance of a persistent temperature of over 30° C. (86° F.) prevailing for at least two weeks, the tubercular bacilli can only have their origin from the animal economy, they are not accidental, but real parasites of the animal organism. The common beginning of tuberculosis in the air-passages, makes it probable that the tubercular bacilli are inhaled, clinging to particles of dust in the air, into which they are thrown by means of sputa containing bacilli. The excessively slow growth of these organisms, shows why infection does not occur much more frequently than it does, favorable conditions are required for the adhesions of the parasites, such as stagnating secretions, etc.

After the author had demonstrated the infectious nature of tuberculosis in a convincing manner, free from all hypothesis, and only depending on naked facts, he glances at the importance of the results he has gained, in relation to the investigation

of the causation of other diseases in which the simultaneous appearance of parasites with the pathological process is well known, but the causative relation of which cannot, as yet, be proven. He abstains from practical deductions relative to diagnosis and therapeutics, but as to hygiene, in the interests of which these experiments were begun, he most legitimately regards these facts as of the highest importance. "In the future, in the battle with this terrible scourge of humanity, we have not to deal with an indefinite something, but with a tangible parasite, whose conditions of life are, for the most part, known and may be still further investigated." In order to fight tuberculosis, we must attempt to close up the fountains of its origin out of which the infectious materials flow, and the disinfection of the sputa, the clothing, the bedding, etc., of tuberculous subjects must receive the greatest attention. The identity of tuberculosis with the "pearl disease" of cattle and the other tuberculoses of domestic animals, opens up other hygienic points of view, such as the partaking of meat and milk, which at present cannot be supervised with any approach to certainty.—[Deutsche Medizinal Zeitung, April 20, 1882.]

A. K.

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TREATMENT OF HYDROCELE.—Rol recommends the treatment of Defer's, as practiced by Maisonneuve. After puncturing the hydrocele with a trocar of medium caliber, a hollow sound is immediately introduced through the canula, at the end of which some nitrate of silver has been molten by candle light. After moving this cautery in different directions, it is withdrawn with the canula. Excepting slight inflammation healing took place in from five to six days, not by adhesion, but by a simple, vital modification of the tunica.

Regazzoni also, recommends a novel treatment for this affection. After withdrawing fluid with trocar and canula, a piece of cat-gut,  $\frac{3}{8}$  mm. in diameter is introduced

into the canula, its length determined by the amount of irritation desired. The external end is knotted; the scrotum covered with cotton; fixed by a T bandage, and raised with a small pillow. In young and powerful individuals ten to fifteen centimeters are introduced into the sac and kept there from one to twelve hours, and in older and weaker persons thirty centimeters for twenty-four to thirty hours. The indication for its withdrawal is the occurrence of inflammatory manifestations in the operated portion. The inflammation soon ceases and adhesion of the tunica is accomplished.—[*Deut. Med. Zeit.*]

J. L. B.

SEPTIC NATURE OF THE LOCHIÆ.—F. Karelowski has made experiments with lochial discharge upon animals,\* and draws the following deductions:

1. All lochial fluids, both normal and septic, are capable of exciting in animals septic and ichoraemic affections.
2. The virulence of lochiæ grows with the length of childbed and puerperal troubles.
3. The septic symptoms seemed to depend on spherical micro-organisms found in infected localities.
4. Infections thus produced can be transmitted to other animals.

The author thinks that the micrococci are furnished by the atmosphere, and find in the vagina favorable conditions for their development and propagation.

The diseases thus excited are of the same character, but different in intensity.

L. B.

IMMEDIATE CLOSURE OF VESICO-VAGINAL FISTULÆ.—G. Braun (*Wiener Wochenschrift*, No. 50), recommends the immediate closure of vesico-vaginal rents, adducing a case in point.

Patient 28 years of age; child in transverse position and dead; the amniotic

liquor had escaped nineteen hours; version impossible. The assistant used a sharp hook and not properly guarding it, a transverse rent was caused through cervix uteri, vagina and bladder of about seven centimeters in length.

Irrigation of uterine cavity, bladder and vagina after the removal of some shreds; twenty silk sutures closing the rent so perfectly as to allow no escape of a solution of permanganate of potash injected into the bladder. Removal of sutures on the fifth and sixth day. The wound closed except an opening of 1.5 centimeter. Lunar caustic applied repeatedly. Firm closure in less than three months. Puerperium took its natural course,

L. B.

CURE OF ANGINA GANGRENOSA BY CORROSIVE SUBLIMATE.—L. M. Perez has used in the first stages—enlargement of sub-maxillary glands, yellowish-white pseudo-membrane on tonsils or uvula, difficulty of swallowing—of this disease, local applications of hyd. bichlor, 1 to 30, gargling with acidulated water, lemonade, to quench thirst, and a diet of warm soups. This measure is valueless after the first period.—[*Deutsch. Med. Zeit.*] J. L. B.

PNEUMONIA FROM INHALATION OF IODOFORM.—Th. Aschenbrandt observed three cats upon whose throats he had operated and dressed with iodoform. In these fatal pneumonia occurred, an accident which he had not observed when he excised the parotid and submaxillary glands, without the iodoform dressing. A. believes it is due to the admission of air and the iodoform vapors: He endeavored to verify it in this way: He put a cat under a glass well filled with air and iodoform vapors, treated this way for one hour and then killed; post-mortem section revealed thickening and hemorrhagic infarction of pulmonary tissue; the secretions of the finer bronchi and trachea contained particles of iodoform.

*Centralblatt für Chirurgie*, Leipzig, No. 16.

\* *Zeitschrift fuer Geburtshuelfe und Gynäkologie*, 1881, p. 331.

Translator has observed two cases of phthisis in which concentrated iodoform vapors were atomized into the lungs without any bad effect whatsoever. J. L. B.

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**RUPTURE OF UMBILICAL HERNIA WITH ENORMOUS INTESTINAL PROLAPSE.**—Fieber reports a case of a woman, aged 50, with *umbilical hernia*, who fell upon the abdomen whilst adjusting her truss. Rupture. Respiration very difficult, and even under chloroform a cruciform incision was necessary. Death in twenty-four hours from collapse. F. has been able to find but one parallel case, and that of Boyer Factor. —[*Centralblatt für Chirurgie*, No. 16.]

J. L. B.

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**INITIAL LOCALIZATION IN PROGRESSIVE MUSCULAR ATROPHY.**—Seeligmuller noticed twenty-eight cases. This disease commenced in thirteen cases in the hand, and six in the arm, six in the shoulder and three in the lower extremities. S. is assured that the observation of Friedreich, viz.: that the disease commences in the voluntary muscle, which is continuously misused or exercised, is correct. S. has likewise observed the very interesting clinical fact that tertiary syphilis may present the very picture of progressive muscular atrophy. This concerned a thirty-year old porter who had acquired syphilis eleven years previously. Patient first noticed attenuation of one thigh and then the other, which became extreme. Besides there was well-marked osseous syphilis of the tibiæ, ulnæ and clavicals. Energetic frictional treatment and iodide of potassium produced rapid recovery and complete *restitutio ad integrum* of the diseased muscles. Inflammatory manifestations such as occur in specific myositis, were absent.—[*Centralblatt für Chirurgie*, No. 17.] J. L. B.

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**TREATMENT ON INFLAMMATORY ABSCESS BY INJECTIONS OF ALCOHOL.**—A. I. Assaky describes Gosselin's method. He makes an

incision one c. m. long and washes the abscess cavity with a ninety per cent. solution of alcohol. Healing is rapid.—*Idem.*

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**ABNORMALLY LONG STYLOID PROCESS AS A CAUSE OF DIFFICULT DEGLUTITION.**—P. Hegman has observed two cases. In both the lower end of bone could be felt, as a hard bony point, pushing the tonsil forward. In the case where the elongation of one forked end was onesided, it could be broken off in order to give it another direction; the difficulties then subsided.

In the other case this could not be done. —[*Medizinal Zeitung*.] J. L. B.

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**TREATMENT OF SYPHILIS.**—Sigmund asserts that the internal administration of mercury is fast losing ground. The chief methods to be employed are frictions and injections. We should still bestow attention upon internal medication since its application is useful in different spheres of life, but he advises small doses, given once or twice a day: Calomel 0.01—0.04, sublimate 0.01—0.02, proto-iodide 0.02—0.05, deutoioduret 0.01—0.03 ctg. Decoctions are valuable aids to treatment, especially in old skin and bone, and especially gummatus, conditions.

As an external application for children he recommends corrosive sublimate in ablutions and baths.

As an external application he thinks the gray ointment requires no special indorsement. It is well known.

Hypodermic injections are made chiefly with sublimate and calomel.

In children, pregnant women, or very sensitive patients, injections are contraindicated, as well as in those suffering from convulsions, especially epilepsy. In the early stages, in the light of evidences of later stages, in pareses or paralyses, injections should be used before we think of frictions.

Calomel is more seldom used than the sublimate, because injections of the first

more often produce abscesses. S. has used small quantities daily (15 to 20 ctg.), and has rarely seen abscesses, and the results have been equal to, if not much better than with sublimate.—[*Wiener Med. Wochenschr.* 1882, No. 11.]

J. L. B.

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**CHLORAL HYDRATE.**—Dr. Clemens holds the administration of chloral upon an empty stomach to be irrational. Nocturnal administrations as an hypnotic, should be preceded by supper; in case of the presence of acid stomach or acid food, a solution of carbonate of soda should be taken. Patients using it should be instructed as to their diet. As a local application, glycerine and chloral. A saturated solution with glycerine is an excellent anodyne in severe toothache from dental caries.—[*Alg. Med. Central Zeitung.*]

J. L. B.

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**TANNIN.**—L. Lewin, of Berlin, recommends the following method of administering tannin:

**R** Acid tannici, - - 1.0—5.0  
Aq destil., - - 150.0  
Adde, sol. natr. bicarb. q. s. ad react.  
alca.

M. S. A.

In this combination, the tannin tastes bitter, and is more readily absorbed and has no subsequent ill effects. This slightly alkaline mixture must be well corked, and used in one or two days, else oxidation by light and air will take place —[*D. Medic. Wochenschr.*]

J. L. B.

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**CROUPOUS PNEUMONIA.**—Dr. Riche, of Posen, recommends the following:

**R** Kali hydroiod. - 50—76 grs.  
Aq. destil., - 200.0 = 6 grs.  
M. S. Tablespoonful every two hours.

At the same time put ice-bag over diseased side. In thirty-six cases a successful result was secured, much better than by the expectant method.—[*Deutsche Medic. Wochenschrift.*]

J. L. B.

**EXPERIMENTAL INVESTIGATIONS ON THE INFLUENCE OF INJECTION OF MÉDICINAL SUBSTANCES INTO THE LUNG TISSUE.**—(Dr. Eugen Fränkel, Hamburg). Fränkel employed the following substances in his investigations: Weinessigsäure thonerrde (2, 4, 5 per cent. sol.), earbolic acid (1—5 per cent. sol.), boracic acid (4 per cent. sol.), and iodoform (5 per cent. oily sol.), injecting daily 1—6 Pravaz syringefuls, either into one or both lungs. The number of injections in each animal varied from four to fourteen.

F. selected the area between the scapula and vertebral column as the point of puncture. In no case did reaction follow the puncture.

The animals were killed from twenty-four hours to forty days after the first injection (*Genickschlag*).

F. divided the pathological changes into primary (caused by trauma), and secondary (caused by the products of trauma and the irritation of the injected fluids).

The primary changes were found to be circumscribed extravasation (blood) into the parenchyma (lung) and the pleural cavity around the point of puncture.

The blood extravasation disappeared by resorption; nothing remaining but pigment granules or delicate pseudo-ligaments between the lungs and neighboring textures, not interfering, however, with their functions.

As secondary changes, were found disseminated foci (some as large as a cherry stone, of which F. gives a detailed microscopic description).

These foci also disappear by resorption, with microscopically visible cicatrices remaining. We therefore have to deal with extravasation, proliferation and infiltration processes, which, by their result in resorption and formation of cicatricial tissue, show their pronounced tendency to heal.

F. thinks that these results justify experiments on man, and he deems putrid bronchitis and "certain cases" (not metastatic)

of gangrene of the lungs, as fit objects for this method of treatment. He himself, in a case of foetid sputa, used injections of carbolic acid (5 per cent. sol.) with negative results.

Interesting and praiseworthy as are the experiments of F., we would warn against too early employment at the bed-side. While F. saw no evil results follow injections of iodoform (5 per cent. sol.), Aschenbrandt reports (*D. Med. W.* 8, 1882), on experiments with iodoform on cats, which show that inhalation of iodoform may cause pneumonia, and he advises, therefore, that iodoform shall be used with care, and perhaps not at all "in operations near the air-passages."

Falkson (*B. Klin W.* 45, 1881), experimented with iodoform in cases of tracheotomy for laryngeal croup. He powdered the wound with it, but had such bad results that he desisted from further experiments.—  
[*Deutsche Med. Zeitung*, No. 11, 1882.]

A. K.

## Proceedings of Societies.

### THE ILLINOIS STATE MEDICAL SOCIETY.

*Thirty-Second Annual Meeting, Held at Quincy, May 16, 17 and 18, 1882.*

The recent meeting of the Illinois State Medical Society was in every respect a brilliant success. This gratifying result was brought about by a numerous and highly respectable attendance, by the scientific zeal of the delegates, and by the vigor and tact of the officers of the association.

The proceedings were throughout harmonious, dignified and instructive. But one ethical mole-hill was turned up, and as promptly leveled; neither time nor temper were thus lost in disposing of it.

We have attended no professional gathering in which better order and dispatch of

business prevailed. The papers and essays presented were all above average—some of them of decided literary merit. Thus, the attention and scientific interest of the assemblage were kept at high pressure, to the total exclusion of bosh and self-gloration.

Our late arrival precluded us from profiting by the paper "On Medicine," by Dr. W. O. Ensign. The delegates spoke with praise of it. It served as a text for an animated discussion on zymotic diseases.

The next communication came from Dr. E. W. Lee, "On Surgery." The author disclaimed originality. Obviously he had aimed at an elaborate retrospect of modern surgery, and this object he had fully attained. For a young man, the effort was eminently successful. The literary form of his composition was faultless; its subject well arranged and perspicuous. The approval and favorable comment by the audience was well merited.

In exemplification of "Hamilton's Sponge-Grafting," a patient was introduced by the author, who became the subject of a searching inspection. In the ensuing discussion but such delegates participated who, from their superior surgical knowledge and experience, were entitled to be heard.

Drs. Donaldson and Carr respectively read papers "On Obstetrics." It seems almost impossible to advance any novelty on this so well settled branch of medicine. However, they had engrafted some very acceptable practical hints upon their papers, which elicited appreciative response.

The last paper on the first day came from Dr. Booth, of Sparta, referring to "Medical Education and Legislation." This is a dry though momentous subject. It has been already discussed to exhaustion in the medical and secular press. Whenever it is referred to, the closest attention is apt to evaporate, especially when the hour grows late.

Notwithstanding all these disadvantages,

Dr. Booth succeeded in interesting the audience and in keeping it together. Of course, his paper exhibited superior merits. Not only was it marked by an elegant diction and by numerous happy quotations from the classics, but it poured forth such an avalanche of humor and wit as to render it a right attractive document. The suggestions and demands set forth by the author might be considered excessive—veritable *pia desideria*—but for this very reason they struck home, and therefore excited vivacious debate.

The medical colleges came in for their share of deserved censure. They were reproached with aiming more at numbers of students than at their proper qualification. The time of study should be prolonged; the chairs filled with a higher order of knowledge and talent than heretofore, and the licensing power should rest with the State; physicians ought to be subjected to examinations every five years, as is the case in the army and navy of the United States, etc.

Dr. Rauch, the well-known Secretary of the Illinois State Board of Health, candidly admitted some defects and incongruities of the medical laws of the Commonwealth and the needfulness of amendatory legislation; but this would never be effected unless the profession united their influence upon elections. In their conventions the profession might agree upon the measures, but at the polls they should put in their work—an advice that should be remembered. Adjourned.

SECOND DAY, MAY 17.—On Wednesday morning the Society resumed its labors.

Papers were read on "Gynecology," by Dr. Jenks (Chicago); on "Ophthalmology and Otology," by Dr. J. P. Johnson (Peoria); W. O. Marshall (Georgetown), on "Diseases of Children;" a lecture delivered by the Nestor of the profession in the West, Prof. N. S. Davis, on "Pneumonia," all of which presented to the society fertile sources of profound interest and instruction.

The nominating committee, N. S. Davis chairman, brought in its report, which was adopted, as follows:

*Next Place of Meeting.*—Peoria, on the third Tuesday in May, 1883.

#### OFFICERS.

*President.*—A. T. Darrah, Tolono.

*First Vice-President.*—L. G. Thompson, Lacon.

*Second Vice-President.*—W. A. Byrd, Quincy.

*Treasurer.*—J. H. Hollister, Chicago.

*Permanent Secretary.*—S. J. Jones, Chicago.

*Assistant Secretary.*—T. M. McIlvaine, Peoria.

*Judicial Council.*—E. Ingals, Chicago; F. B. Haller, Vandalia; Wm. Hill, Bloomington.

#### STANDING COMMITTEES.

*Practical Medicine.*—N. S. Davis, Chicago; B. M. Griffith, Springfield; J. F. Todd, Galva.

*Surgery.*—J. E. Owens, Chicago; B. T. Stewart, Peoria; M. Reece, Abingdon.

*Obstetrics.*—E. L. Herritt, Jacksonville; G. W. Jones, Danville; Ellen A. Ingersoll, Canton.

*Gynecology.*—David Prince, Jacksonville; C. Chenoweth, Decatur; E. S. D. Norred, Lincoln.

*Ophthalmology and Otology.*—S. J. Jones, Chicago; J. P. Johnson, Peoria; J. G. McKinney, Barry.

*Drugs and Medicines.*—T. J. Pitner, Jacksonville; Herbert Judd, Galesburg; P. H. Garretson, Macomb.

*Necrology.*—E. Ingals, Chicago; William Hill, Bloomington; Washington West, Belleville.

#### SPECIAL COMMITTEES.

*Simple Renal Catarrh.*—J. N. Danforth, Chicago.

*On the Practicability and Desirability of Separating the Work of Teaching in Medicine and Licensing to Practice.*—D. S. Booth,

Sparta; E. P. Cook, Mendota; M. A. McClellan, Knoxville.

*The Diagnostic Peculiarities of Malignant Growths.*—Christian Fenger, Chicago.

*Committee of Arrangements.*—John Murphy, Anna S. Adams, J. H. Reeder, J. P. Johnson, J. Stewart, all of Peoria.

The report of the committee was unanimously adopted.

In the evening a banquet united the members around a festive board, at which ample justice was done to the hospitality of the good city of Quincy.

The forthcoming Transactions of the society will be of great interest to the professional reader, and be an acceptable addition to the medical literature of the West.

It is noteworthy that the association comprised about twelve professional ladies, who paid diligent attention to the proceedings, and were rather a grace to the occasion. Our old friend, Dr. N. S. Davis, appeared in his usual full dress. Although a septuagenarian, he is as erect, vigorous, vigilant and ready with speech as ever. He always is entertaining and instructive.

Dr. Byrd, of Quincy, was untiring in his attention to his medical brethren. He is looked up to by his townspeople as the surgeon *par excellence*, and well does he deserve that distinction. His energy and surgical enterprise know no bounds, and very few operations escape his original impress. We have seen several cases which had passed through his skillful hands, and which would gratify the ambition of the most aspiring in the surgical profession. We would gladly detail them, if not indiscreet in anticipating Dr. Byrd's publication of them.

There were a few outsiders at the meeting who were courteously admitted to the privileges of temporary membership. Among others, Drs. Peck, from Davenport; William Porter and Louis Bauer, from St. Louis.

L. B.

## Extracts and Abstracts.

**BACTERIA OF TUBERCULOSIS.**—The following are the methods of coloring or staining microscopic specimens, found to be necessary by Koch for rendering the bacilli visible, and his methods of culture of those organisms outside the animal body. (From editorial in London *Lancet*):

*Coloring.*—The methods have to be varied according to the tissue examined, whether a secretion, blood-tissue fluid or a section of an organ or tissue. If, for instance, it is desired to demonstrate the presence of the tubercle-bacilli in the fluid of the tissues, a thin layer of this is spread over a covered glass, it is then dried and warmed for a few moments over a flame, so as to render it insoluble, it is then placed for twenty-four hours in a mixture of 1 cubic centimeter of a concentrated solution of methylene blue in alcohol, .2 cubic centimeter of a ten per cent. solution of potash and 200 cubic centimeters of distilled water. The preparation is by this colored blue, and on it is then placed a few drops of a solution of vesuvin. This has the effect of discharging the methylene blue from all the tissue elements, but not from the bacilli. The former are of a brown color, and the blue bacilli are conspicuously defined. The preparation is then treated with absolute alcohol, oil of cloves and Canada balsam, in the ordinary manner. This peculiarity of being rendered visible by the combined action of methylene blue and vesuvin is possessed only by the tubercle bacilli and those of leprosy. All other bacteria and micrococci known to Koch, lose under the action of vesuvin, the blue color which they acquire from methylene blue. This constitutes a striking instances of the pregnant value of the coloring methods in thus, by a *quasi* chemical action, bringing out differences between minute organisms which are apparently so similar and justifies the expectation that, by analogous means, differences may be demonstrated between the organisms of acute diseases which are now separable with so much difficulty and uncertainty and may be the inauguration of a new era, not only in the etiological knowledge of acute diseases, but also in the organization of measures for their prevention.

*Cultivation.*—As a culture liquid, Koch

employed sterilized blood-serum from the ox. The sterilization was effected in the method recommended by Tyndall, by placing the serum in a test-tube, closed with a plug of wadding, and exposing for an hour on each of several successive days to a temperature of  $58^{\circ}$  C. ( $= 136.4^{\circ}$  F.). After this had been repeated for about six days, the temperature was raised to about  $65^{\circ}$  C. ( $= 149^{\circ}$  F.), and the previously fluid serum became transformed into a yellowish translucent, but slightly opalescent mass of the consistence of coagulated gelatine. Its translucency permitted the growth of organisms, either on its surface or on its depth, to be recognized by the resulting opacity. In order to increase the area of the free surface of this culture soil, it is recommended to incline the test-tube at the moment of coagulation. A small fragment of excised tissue was introduced into a tube, under special precaution to avoid contamination with ordinary bacteria of putrefaction. Fresh miliary tubercle answers best, taken from an animal affected with inoculation-tubercle, and killed shortly before. If the glass is kept at a temperature of  $37^{\circ}$  or  $38^{\circ}$  C. ( $= 98\frac{3}{5}^{\circ}$  or  $100\frac{2}{5}^{\circ}$  F.), at the end of about ten days the first effect of culture is observable as fine points and streaks on the surface of the serum. Fresh glasses may be inoculated from the first culture, and so a series of generations may be obtained. Some of these series of cultures were continued for two hundred days. Under the microscope these grayish-white masses on the surface of the serum are found to consist of precisely the same bacilli as can be demonstrated by means of the method of double coloration in the primary tuberculous tissue.

Baumgarten (*Centralblatt für Med. Wiss.*) has confirmed Koch's discovery in every particular. His description of the organisms agrees closely with that of Koch, but he observed that the extremities of the rods frequently presented a knob-like or wedge-shaped enlargement. They very rarely united in pairs, and never massed in the so-called zooglœa form.

SMALL-POX IN BIRDS.—Dr. Hewson, of Philadelphia, claims that he has traced this disease to the English sparrow's nests. The senior editor of the *Pittsburgh Medical Journal* has seen the eruption of small-pox

among the poultry of a family he was attending for that disease, in 1849. The disease was manifested principally on the head and comb of the fowl and the parts beneath the bill not covered with feathers. These parts were covered with pustules, resembling those met with in the human subject, closing the eyes and swelling the head to double its former size. The disease appeared to be contagious, and was quite fatal.

The *British Medical Journal* contains some very excellent remarks on this subject. In a recent publication issued by the Washington Board of Health, attention is drawn to it. It stated that in Europe and Hindostan variola is so common in pigeons and poultry as to constitute a veritable plague. Thus Guersant records that out of a dove cot of one thousand, scarce one hundred could be found that did not bear marks of the disease; while Tytler says the poultry-yards in India were habitually depopulated by the plague. Bechstein and others claim that it is the true small-pox derived from the human being, and conveyable back to man; while others, like Foggia and Gilbert, assert that it is communicable to the sheep. That this affection has not been recognized may be due to a difference in the environment which modifies the infection, or perhaps to the fact that men and pigeons do not live so much in common here as in Italy and India. Such an occurrence under Italian skies should, however, demand a careful investigation into the reality of such affection in the United States (and especially in the Southern ones), during the prevalence of an epidemic of small-pox; so that whatever danger arises from this source may be detected and guarded against.

CORRECTION.—The very interesting extract, in our March number, from Dr. McClelland's letter, on "Billroth's Operations" should have been credited to the *New York Medical Times*, instead of to the *Philadelphia Times*.

THIS number begins the ninth volume and year of the publication of the CLINICAL RECORD. Subscriptions and advertisements are solicited.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

ST. LOUIS, MO.,

JUNE, 1882.

Office, No. 5 South High Street.

## Editorial.

### THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

Two years ago this first day of June, this high-titled Association promised that after the sessions of 1881-'82 its members would require attendance upon three courses of medical lectures, in three different years, each course to be of six months' duration, as a pre-requisite to graduating any medical student. At the meeting of 1880 there were twenty-five colleges represented, out of sixty-three in the entire country.

The following, from the official minutes of that meeting, is sufficiently amusing, in the light of subsequent events :

"On motion of Prof. D. S. Reynolds, it was—

"Resolved, That the Association of American Medical Editors be requested to give the full weight of its influence to the support of the Association of American Medical Colleges, in the execution of all its efforts to secure reforms in medical education, and that the public press everywhere be requested to publish the Amendment to the Articles of Confederation of this Association, requiring attendance upon three full courses of lectures, in three separate years, before admitting candidates to apply for final examination for the degree of Doctor of Medicine."

In July and September, 1880, we commented on the gross impropriety of advertising in the "*public press*" that this

Association had adopted any such rule, when it had merely given a promise to adopt such a one two years in the future. We intimated that this was "sharp practice" if not "fraudulent in intent," and that the Association had not the remotest idea of making such a rule imperative in 1882.

Our "reputable"—if, at times, rather sensitive and irritable—colleague, Dr. Reynolds, the mover of this high-sounding resolution, permitted his temper to get the better of him when he read our commentary. He took it as a personal reflection, when it was merely a forecast of the medico-political sky, made with a pretty fair knowledge of the elements. That our estimate of the "probabilities" was as nearly correct as those of weather prophets generally are, is shown by the action of the Association the present year.

Early in May, or late in April, a call for a meeting of the Association was very quietly circulated. An extraordinary performance, for the meetings have, for the first five years of the organization, been held just prior to that of the American Medical Association, and at the place of meeting of the latter.

The National body is to meet at St. Paul, on June 6th; but the College Association was ordered to convene at Cincinnati, on the 16th of May. This was suspicious on its face. Was the Association afraid of the influence of the assembled delegates from all the States—of representative physicians? Did it fear the effect of the example of the St. Paul College, which exacts *four* years of study, upon the members who might be inclined to take a decent course? Of course, we have no means of knowing what influenced this premature convocation of the College Association. We cannot, however, put away from us the facts and the logical deductions which may be made from them.

The meeting took place, but no high-sounding resolutions were given to the

“ public press everywhere.” O, Reynolds, where wert thou?

The wretched story of the meeting is told in a few words; we quote it from the *Michigan Medical News*, of May 25, 1882:

"This Convention convened at Cincinnati, on the 16th inst., it having been deemed desirable to hold the meeting in advance of the meeting of the American Medical Association, in contravention of what has heretofore been the custom. There were eleven Colleges represented, and these constituted a good working quorum, under the rules. The immediate question which demanded attention, and to answer which the Association was indeed called together, was whether it was advisable or expedient for the Colleges composing the Association to go on to exact three courses of lectures, of six months each, as they should be obliged to under a resolution adopted a couple of years ago, and which should become binding with the opening of the approaching regular courses of lectures. It was decided that the time is not yet full for this step forward, and a resolution was adopted which rescinded that which provided for the advance next fall, and gave in its place one which exacts but two five months' courses, with a year's previous study under a preceptor (?) as the requirement for graduations. '*Sic transit gloria mundi.*'"

The fraudulent intent of the resolution of 1880, is thus frankly confessed. The field is open, and the "usual scramble for students," irrespective of their qualifications, may now go on in the old disgraceful style. Any pretence to decency is thrown aside, and the "mill" that grinds out the largest number of diplomas will continue to claim for itself the highest position among American institutions of *learning*.

## *IODINE IN MALARIAL FEVERS.*

We observe in several of our exchanges that a number of gentlemen have had good results from the use of iodine in malarial fevers. The directions for the use of this remedy, given by some, appear somewhat remarkable. Thus, in the *Maryland Medical Journal*, it is recommended to give the

tincture of iodine in solution with gum acacia and syrup. This is simply an incompatible *mixture*, and not a solution. It is ordered to be taken a quarter of an hour before meals; this permits the combination of the iodine with the starchy articles of most "meals"—another way of rendering the drug inert.

Drs. Adolph Kleinecke and W. D. Hinchee, of the St. Louis Free Dispensary, have used a *solution* of iodine, (with iodide of potassium and simple syrup—which makes a clear solution—not a mixture), in *over three hundred cases* of malarial affections: intermittent fever, acute and chronic neuralgia, headache, diarrhoea, dysentery, etc., with almost uniform success. Not more than one per cent. of the cases were not relieved. Only *one* case reported as not permanently relieved. These cases were all followed up, none of them were seen less than two or three times, so that there can be no question as to the reality of the relief afforded by the iodine treatment.

Dr. Kleinecke promises a full report of his experience in this regard, with that of his colleague, for our August number.

NEW YORK ETHICS will be *the question* at St. Paul. If the brethren from Gotham have not made their peace with "the great and good" Permanent Secretary, they will probably find the breezes of Minnesota rather chilling in their temperature. Our forecast of the "probabilities" reads something like this: For June 6th, Upper Mississippi Valley, cold and chilly for delegates from New York; warm and sunny for other sections of the United States; tropical (Plutonic) blasts from the quarters where the "cold shoulder" is most felt.

Koch's DISCOVERY furnishes the answer to the riddle our learned friend, Professor Louis Bauer, has so often and so long propounded: "What is the pathological anatomy of scrofula?" The answer is so full and complete that there can be no question as to its accuracy.

*JABORANDI IN CONVULSIVE  
AFFECTIONS.*

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In *Le Progrès Médical* for April 22nd, 1882, we find a very interesting paper by Dr. Bricon, on Pilocarpin in Puerperal Eclampsia. It contains a review of twenty-four cases of this formidable complication gathered from medical journals from April, 1878, to the present time. Most of these cases were treated with the muriate of pilocarpin given by subcutaneous injection.

Eight died and the rest recovered. Eight cases, not included in the statistical table, all recovered, are also reported more in detail. All of them were published in 1878, while the table includes those reported in 1879, 1880 and 1881.

But the point of special interest, to us at least, is to be found in the statement, that Dr. Bourneville has been led by the use of the drug in puerperal eclampsia, to test its efficacy in the treatment of epilepsy. He is now making a thorough trial of it in the Bicêtre, and will doubtless soon have something of value to communicate.

In this connection we would refer to Prof. R. M. King's article on *Pilocarpus Pinnatifolius* in the CLINICAL RECORD for January, 1881, Vol. VII., No. 10, page 303. In this article Prof. King gives in a few words, some clinical tests of the remedy made by the editor of this Journal. One of these was a case of epilepsy of thirty years standing. The patient had been comatose (*status epilepticus*) for over four days. The nitrite of amyl had been administered faithfully, but he could not be aroused. The urine had been examined, and only a trace of albumen had been discovered. As a last resort, two drachms of the fluid extract of jaborandi were given with two ounces of whiskey, per rectal injection. The alcohol was added on account of the profound depression of the heart's action already present, due to nearly five days fasting. The effect was all that could have been desired. Profuse perspir-

ation and salivation followed within twenty minutes, and consciousness returned with the first evidences of the physiological action of the drug. Although no medicine whatsoever was given, the convulsive attacks, which had not been entirely controlled by large doses of the bromides, did not return for sixteen days, and then in a slight degree only.

We have used it with excellent effect in a case of recurring convulsions of epileptoid form, limited to one lateral half of the body, *not* attended with unconsciousness. These paradoxical convulsions occurred on three occasions in a semi-idiotic child, aged four years at the time of the first attack. The fluid extract (a good article) was given in half-drachm doses every half hour until nearly half an ounce was given. There was no salivation, and the sweating was not profuse. On two subsequent occasions, at intervals of about six months, the same form of convulsions returned and were treated in the same way, except that only three doses were required to cut short the paroxysm. We think there is some reason to believe that jaborandi will be found of utility in some cases of epilepsy and convulsions of origin other than uræmic. Consequently we shall look for Dr. Bourneville's report of his experience in the immense field afforded by the Bicêtre with a great deal of interest.

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THE WATKINS SUICIDE.—On Thursday, May 18, a young girl, fourteen and a-half years of age, named Missouri Watkins, mysteriously disappeared at about 5 o'clock P. M. from a populous and respectable portion of this city. She had left Denver, Colorado, in company with a sister on her way to New Orleans, under the advice of a physician. She was making a short stay at the house of a friend of her family, *en route*. She was well nourished, had no symptom of any wasting disease, but was said to suffer from "nervous attacks," which sometimes rendered her "out of her

mind" for a short time. The most searching investigation failed to reveal any reason whatsoever for her sudden disappearance. While the search for the missing girl was in full progress, when almost all hope of ever finding her had been given up, the writer of this, on Friday 26th, handed a communication to the *Post-Dispatch*, in which the theory that the girl was an epileptic, and that her absence was to be accounted for by the supposition that she had either thrown herself into the Mississippi, or had crossed the river and lost herself among the poor illiterate Germans or Bohemians of the Illinois lowlands, while under the influence of the cerebral form of the disease, was strongly argued. An analogous case of mysterious disappearance was quoted from Hammond's great work on "Diseases of the Nervous System." Unfortunately, this did not meet the views of the "medical editor" and, hence, was not published.

On Tuesday, 30th, the body of the child was found in the river opposite the southern end of the city. A thorough *post-mortem* examination showed beyond a doubt that she had suffered from no violence before death, and that the body had entered the water while alive; consequently, it was a case of suicide.

Strangely enough, on the morning of June 2d, a morning newspaper, the *Globe-Democrat*, published an alleged "interview" with a gentleman of some prominence in the Asylum Association, in which the *same theory* of the cause of the suicide is set forth, and the *same case is quoted* from Hammond, cited by the editor of the CLINICAL RECORD a week before. Of course, it is possible that the gentleman referred to had received no hint of our own contribution to the history of this sad case, but the fact that a relative of his has long been connected with the daily press of the city causes us to suspect him of a—perhaps innocent—plagiarism.

HISTORY AND STATISTICS OF OVARIOTOMY.  
—Dr. J. E. Janvrin, 191 Madison Avenue,

New York City, is writing the chapter on this subject to form a part of "A System of Gynecology by American Authors," now in course of preparation. It is of the greatest importance that the statistics of this "American operation" should be as complete as possible. Although the report of each operator's cases may cost some time and trouble, yet we would urge upon each of our readers who has performed it to aid in the collection of such a valuable fund of information as will be thus obtained.

All who wish to have their cases published should send their reports to Dr. Janvrin, (address given above) by the first of September, 1882. He will send blanks containing the questions, as given below, on application:

The questions to be answered are as follows:

1. Name of operator?
2. Age of Patient?
3. Nationality?
4. Married or single.
5. Aspiration or previous tapping?
6. Duration of growth?
7. Laparotomy or vaginal operation?
8. Condition of patient at time of operation?
9. Were antiseptic precautions used?
10. Was the spray used?
11. Long or short incisions?
12. Adhesions or other complications?
13. Double or single ovariotomy?
14. Pathological features of cyst?
15. Treatment of the pedicle?
16. With or without drainage?
17. Duration of operation?
18. Complicated or uncomplicated history after operation?
19. Anti-Pyretics used, if any?
20. Result; Cause of death, if any?
21. Primary or secondary operation?

Let the answers be as concise as possible. In many cases a simple yes or no will suffice.



PROFESSOR JOHN T. HODGEN, M. D.—  
The Missouri State Medical Association met at Hannibal, on May 16. The principal event of the meeting was the adoption of the following:

Whereas, This Association is called to mourn the loss of one of its most honored members, Dr. John T. Hodgen, suddenly stricken by death in the very zenith of professional usefulness and success.

*Resolved*, That in Dr. Hodgen we recognized the true type of the American physician and surgeon, and the noblest qualities of a great and good man. That with a reputation extending as far as the English language is spoken, he was yet preëminently one of the people, and that he had both endeared himself to, and impressed his individuality upon, the present generation of medical men in this country.

*Resolved*, That in the death of Dr. Hodgen, not only has Missouri lost the truest and brightest light of her medical fraternity, but that our profession throughout the world must feel that in their ranks, too, a prince has fallen.

*Resolved*, That we shall ever cherish as an inspiration the memory of his untiring industry, his manifold acquirements, his rare modesty, his sympathetic nature, his genial social qualities, and the strength and symmetry of his character and life; and that in keeping green the memory of our departed brother we shall elevate and honor ourselves and the profession of our State.

*Resolved*, That in the death of Dr. Hodgen we feel that we have sustained an irreparable loss, and that we hereby tender to his bereaved family our sincere sympathy, respectfully claiming the privilege of mingling our sorrow with theirs in this hour of their sore bereavement.

DR. F. A. SIMMONS, *Chairman*,  
DR. G. HURT,  
DR. J. P. VAUGHN,  
DR. E. W. SCHAUFFLER,  
DR. H. H. MIDDLEKAMP.

reviewers — those who praise everything indiscriminately—and do *not* find it upon our table, our suspicions are at once aroused. Sometimes these are not well grounded. If the book is really a good one, we find ourself disarmed, and allow it to pass without notice. But if we find that the forebodings of the author and publisher are realized, that the work is, in fact, as worthless as a last year's almanac, then we proceed to the melancholy duty of exposing its shortcomings in order that our confiding readers shall not throw their money away upon worthless trash.

The first edition of this compilation was reviewed in these columns in the number for September, 1878, by Prof. Hammond, of New York. Until we had examined Dr. Hamilton's performance we thought that the reviewer was unnecessarily severe; before publishing it, therefore, we examined the book and found ourself coinciding with our reviewer on every point. It was then published without signature. On again reading the review by Dr. Hammond, we approach our present work with some reluctance. Perhaps we ought to heed Sir Thomas Browne's admonition (*vide* "Christian Morals," Sect. XI.); "Look not for whales in the Euxine Sea, or expect great matters where they are not to be found. Seek not for profundity in shallowness, or fertility in a wilderness." Dr. Hamilton's Euxine is, without question, a very shallow one, and his big fishes are of the cat-fish order rather than even the smallest kind of whales, nevertheless, 1878 is so far removed from 1882 that the warning to our readers of the infertility of this wilderness must be repeated, even if the subject is not an agreeable one.

The criticisms of the independent press have had some effect upon the author, for he takes occasion to thank his "impartial reviewers" in the preface to this second edition. As the errors now corrected were the ones pointed out in the *unfavorable* reviews, and those notices of the

## Book Notices and Reviews.

NERVOUS DISEASES: Their Description and Treatment. A Manual for Students and Practitioners of Medicine. By Allan McLane Hamilton, M. D., Fellow of the N. Y. Academy of Medicine, etc. Second edition, revised and enlarged. 8vo., pp. 598, with 72 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881.

For some unexpressed, but easily divined reason, publishers have learned not to refer their notoriously worthless books to the CLINICAL RECORD for review. When we find a publication "plastered" (see Bulwer's "Pelham") by a certain class of

first edition which were not unfavorable contained no valuable hints whatsoever, the debt of gratitude he is under is certainly not due to the latter.

The work of revision is confined mostly to revising Dr. Hammond's name out of the volume, and correcting a few of the errors in spelling which were so very numerous in the first edition. He declines, however, to correct some of the so-called "definitions" which made the first edition such a mine of richness. To be sure, he has cut out a part of the incoherent jumble which passed muster as a general definition of cerebral softening, and has made it a little more intelligible, but that of chronic softening is retained in nearly all its beauty. We quote it again for fear it may not receive the circulation it deserves: "A disease of the brain of a very serious character, generally of a secondary nature, and dependent upon impaired nutrition of the brain-substance through occlusion of the cerebral vessels, and symptomized by a numerous variety of mental, sensorial and motorial symptoms, such as mania or melancholia and subsequent dementia, headache, and cutaneous hyperesthesia and paralysis and convulsions."

This, we admit, is an improvement upon the former "definition," in which only one cerebral "vessel" is mentioned, but the "numerous variety" of symptoms symptomizing the affection is still lovingly retained. When our author finds a good thing like this he is bound to stick to it to the last.

On pages 102 and 103, he repeats the remarkable table given in his first edition, referring to the exciting causes and time of attack of fifty-two cases of cerebral hemorrhage, taken from his own case-book. As the figures are the same given four years ago, we presume he has seen no new cases since that time, and relies upon repetition to make true something which contains

within itself every evidence of — the contrary. Here is the table:

"Lifting heavy weight or other muscular effort.....	12
Excitement (alarm of fire).....	1
Violent exercise in drawing water.....	1
Falls.....	4
Fright.....	3
Thrown down by husband.....	1
Head injuries.....	8
Straining at stool.....	2
No history of cause.....	20
 Total.....	52

"*Time of Attack.*—At night in thirty cases; during the day, in twenty-two cases.

"The fact that the large proportion of these attacks occur at night is an interesting one. They were mostly hospital patients, and some were irresponsible; so, of course, their statements are to be taken with allowance. One woman said: 'I awoke in fright and in attempting to rise found I was unable to do so.' It is probable, therefore, that the condition was dependent upon disturbed cerebral circulation, connected with nightmare; nearly every one of these thirty patients found that they were paralyzed only when they awoke in the morning, and attempted to get out of bed."

On analysis of these figures and statements, it appears that exciting causes were present in thirty-two cases, while in twenty cases none could be discovered. But thirty of these cases ("nearly every one of these") were *asleep* at the time of the attack; leaving only twenty-two wide-awake, and subject to "falls," "fright," to be "thrown down by husband," etc. Consequently, thirty-two cases occurred in twenty-two patients—statistics of the sort made popular by Dr. Kempster of the Oshkosh Asylum. As Dr. Hammond remarked, nearly four years ago, "Comment is unnecessary, or at least all comment is unnecessary, save the remark that Dr. Hamilton ought to possess a better memory than he appears to have." It is possible that Dr. Hamilton has read over this table so often that he has come to really believe that it records facts.

Almost anyone would suppose that in a "revised edition" the author would exert himself to eliminate contradictions, typographical errors and glaring inconsistencies; but Dr. Hamilton shows himself sublimely indifferent to any such demands. His efforts seem to have been confined to substituting "and others" wherever it could be done in places where Professor Hammond's name appeared in the first edition, and to correcting the spelling of such proper names as "Goll," "Kussmaul," "Friedreich," etc., mistakes in which lent so much variety to the former issue. We shall now refer to a few of the little blemishes to which we have not alluded.

(Page 322, on locomotor ataxia) "By far one of the most interesting of the general changes is the absence of the patellar-tendon reflex. Enough has already been said about the importance of this symptom, and it remains for me to add that in the greater number of cases it is absent, though I do not take the extreme view held by many authorities." On page 335, same subject, he proceeds to adopt a very "extreme view," for he states explicitly that "when the tendon-reflex is absent it indicates, beyond all doubt, a lesion of the cord above the third or fourth lumbar nerves, as Prévost has demonstrated." He ignores entirely the fact that the tendon-reflex is absent in a considerable number of persons who have no disease of the cord whatsoever, as has been demonstrated over and over again, even by his own *fidus Achates*, Dr. Hughes of this city. On page 392, he states :

"The sequences of epilepsy are various, but it does not necessarily follow that any mental impairment should result. It is true that in some cases such a termination is possible."

But on page 395, he gives, in an analysis of the chronic cases which have come under his observation, the following inadvertent contradiction of his former dictum :

"When we came to examine into the causes we found more difficulty than we

anticipated. The intelligence and memory were much below par in all."

The former statement was evidently made to bolster up the absurd assertions of the Utica school of medico-legal impostors, while the truth comes out accidentally in the latter.

On page 455, after defining hysteria as "a disease of an emotional character," he proceeds to enumerate the symptoms as "sensorial, motorial and visceral," and includes *mental* symptoms in the sensorial group. This classification of mental phenomena as emotional and "sensorial" is worthy of the psychological expert whose aphorisms in the Guiteau case will be found duly embalmed for the delectation of future generations in our next number.

Unfortunately, Dr. Hamilton declines to consider mental diseases in this volume. This we have to regret, but find occasional hints which allow us to infer something as to his capabilities in this direction. As an alienist, he would be apt to upset some of the pet notions of such men as Esquirol, Bucknill and Tuke, Isaac Ray, and other such antiquated, misleading writers. Describing a case which he classes as hysteria, but which was evidently one of puerperal insanity, he says (page 465) :

"I saw her in this condition, and found a state closely bordering on melancholia, though there was no mental depression, no anxious facies, no sighing, no hopelessness" (italics ours).

The author has some curious ideas as to symptomatology, for on the same page, referring to another case, he says: "There was the absence of all physical signs of insanity, except the coloration of the skin," which we find described on the previous page thus: "Her complexion was pale and her pupils were dilated. A very slight blueness of the skin was apparent, but was confined to the hands."

We presume he would define insanity in something like the following terms: Insanity is a disease "symptomatized" by a pale complexion and slight blueness of the skin,

confined to the hands. If Guiteau had presented the proper degree of pallor combined with blueness of the skin, confined to the hands, there is no doubt Dr. Hamilton would have been compelled to put himself on record on the unpopular side.

In the future, no man can be considered insane from the Hamiltonian standpoint, unless like Edward Lear's "Jumblies"

"Their heads are green  
And their hands are blue,  
And they went to sea in a sieve."

As an evidence of the negligence with which the "revision" has been made, we refer to a quotation (page 500) from the *British and Foreign Medico-Chirurgical Review*, Oct., 1865, which in the text is spoken of as having appeared "lately." As that journal has been dead for several years, it is proper, perhaps, to speak of it as the "late lamented," etc., but a review of the "recent writings" of Charcot and Moxon, which were in print before October, 1875, strikes us as hardly the correct way to express it.

Although the author defines hysteria as an emotional disease, and enters into an extended description of the phenomena it presents, he appears to consider it as a mass of simulated symptoms. On page 363, foot-note, he speaks of an "inveterate voluntary paralysis, such as occurs in hysteria." (Italics ours.) If the paralysis is a voluntary one, the allied phenomena of hyperesthesia, anaesthesia, achromatopsia and contractions, of course, must come under the same classification. The intractable vomiting, anuria and even death by uræmic poisoning, are probably considered as "voluntary" by this alleged expert in nervous diseases!

We had noted a "numerous variety" of equally absurd speculations and contradictions, which we had intended to reprint for the amusement of our readers, but time and space are limited, and we must forego the pleasure. Our point, however, must not be passed by unnoticed.

On page 497, referring to the treatment of chorea, he says:

"Da Costa and Mills, of Philadelphia, have used the bromide of iron; but the latter has had very successful results. In twelve patients to whom he administered the drug, there was no improvement after its use."

Dr. Mills' directions for using it are then quoted. It would seem to the unsophisticated reader that too much space was given to the drug which had absolutely failed in the only cases in which it had been used. It is probable, of course, that there is an error of the types in the last sentence quoted, but it certainly ought to have been corrected in the "revised" edition.

The entire book is a mass of badly digested quotations—many of them evidently at second-hand. It has no claim whatsoever to professional favor, except in so far as some professional readers may wish to have an American work on nervous diseases, which is *not* written by Dr. Hammond. If it has any other *raison d'être* we are unable to find it.

**DISEASES OF WOMEN: Including their Pathology, Causation, Symptoms, Diagnosis and Treatment. A Manual for Students and Practitioners.** By Arthur W. Edis, M. D., London, F. R. C. P., M. R. C. S., Assisting Obstetric Physician to the Middlesex Hospital, etc., 8vo. pp. 576. Cloth, \$3.00; leather, \$4.00. Philadelphia: Henry C. Lea's Son & Co. 1882. St. Louis Book & News Co.

This valuable work is offered to the student and junior practitioner as a reliable, practical, clinical guide—as such it commends itself in its arrangement and in giving such attention to those diseases met in every day practice, and presenting these in such a lucid manner as to assist in the study of this department of surgery. The chapter on Displacements of the Uterus is most thorough in every detail of its pathology and treatment. The chapter on Ovarian Tumors is especially noticeable in its arrangement and the practical rules

given for an aid in the diagnosis, as well as the latest and most improved methods in their treatment. The latter part of the work is devoted to diseases of the bladder, vagina and vulva.

A noticeable feature throughout this work is the credit given to American authors and inventors which is but just. This work though claiming to be for students, should be in the hands of every medical practitioner.

L. H. L.

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#### LITERARY NOTES:

THE *Popular Science Monthly*, with the May number, begins its twenty-first volume, and we would repeat our former words of commendation. It is without doubt the best magazine of its class published in our language. Among the numerous admirable papers in the May number, we mention the "Development of the Senses," by R. W. Lovett; "Measurement of Men," by Francis Galton; "Color Blindness and Color Perception," by Dr. Swan M. Burnett; "The Tree that Bears Quinine," by Dr. O. R. Bachelor; and a sketch of Sir John Lubbock (with portrait), as being of special interest to physicians. The same may be said of the following papers in the June number: "The Eye-Like Organs of Fishes," by Dr. E. Krause; Sir Charles Bell and Physiological Experimentation," by Dr. Wm. M. Carpenter; "A New Theory of the Sun," by C. Wm. Siemens; "The Future of Mind," by Dr. Peter Bryce; "The Cause of Tubercular Disease," by Prof. Tyndall; and a sketch of Darwin, with fine portrait; "The Mountains of the Moon," a satire second only to Gulliver's Travels, will be continued through the volume. Published by D. Appleton & Co., New York, at \$5 per annum.

THE *North American Review*, for May, contains the usual number of excellent

papers by the best writers in the country. "Party Schisms and Future Problems," by Carl Schurz, is a philosophical consideration of the present state of political affairs, and an attempt to forecast coming events. "Days with Longfellow," by Samuel Ward, will be appreciated by every lover of the great poet. "What does Revelation Reveal," is written in the most effective style of its author, Elizabeth Stuart Phelps. "The Navy," by Lieut. Commander Gorringe, treats understandingly of our pet "white elephant." "Conversations with a Solitary," by W. H. Mallock, we presume will interest a few—we deem it sufficiently stupid, however. "The Spent Bullet," by Gail Hamilton, is a delightful bit of scolding by that lively scold, over the failure of things generally—doctors, priests and lawyers—in the Garfield case and in the trial of Guiteau. The June number concludes the volume (cxxxi.) and contains a thoughtful paper on the "Currency of the Future," by Senator W. B. Allison. "A Memorandum at a Venture," by Walt Whitman; a plea for the naked in art and nature would be a better title. "Andover and Creed-Subscription," by Rev. G. W. Bacon, considers the general subject, with special reference to Andover Theological Seminary. "Mongolian Immigration," by Geo. F. Seward, favors the coming of the Chinese; "Old-School Medicine and Homœopathy," a vigorous attempt on the part of a homœopathist, Prof. J. W. Dowling, to answer Prof. Palmer's telling blows; "Swedenborg," by O. B. Frothingham, is a suggestive paper calculated to give a new interest to the works of the great epileptic; "Has Land a Value?" by Isaac L. Rice, is a criticism on an article in the *Review* of last July; while "An Unconstitutional Militia," by Chas. F. Lydecker, is an argument against a national militia, advocated in the April number. Published at 30 Lafayette Place, N. Y., by the Editor, at \$5 per annum.

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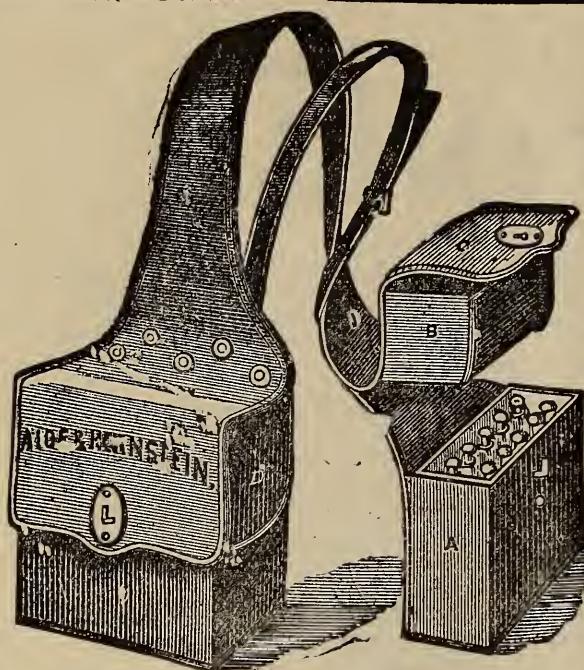
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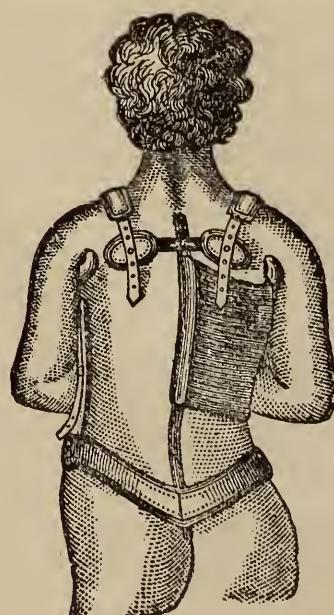
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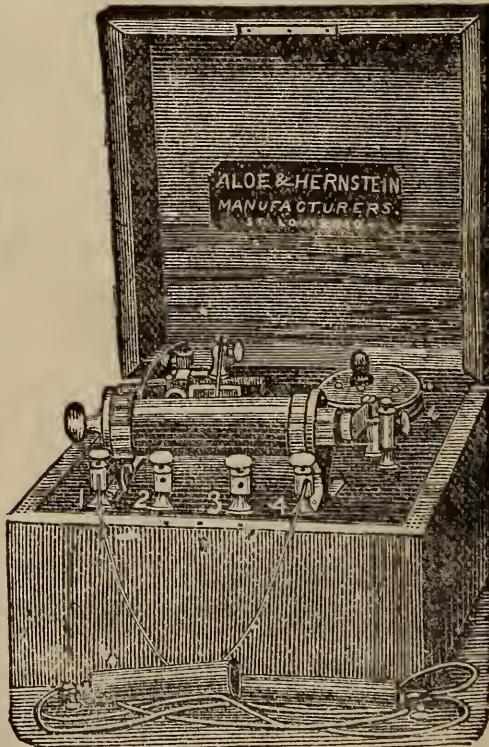
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